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**Waiver of Liability and Informed Consent Release**

This release, Waiver and Hold Harmless Agreement is made by and between the undersigned client, student, participant (from hereon in client, student, participant will be written as the undersigned) and **Barrington Pilates, Inc.** **D/B/A** **studio47 Pilates** and entered into on the day, month and year noted below.

Please **initial** all sections and **sign** below:

1. **Barrington Pilates, Inc.** provides space for and the instruction of Pilates classes and other forms of physical exercise and movement. The parties to this agreement recognize that the participation in these activities could lead to physical injury.
2. The undersigned desires to undertake **Barrington Pilates, Inc.** program with the full knowledge of the possibility that physical injury could result from it and desires to assume the risk of any such injury.
3. The undersigned recognizes that **Barrington Pilates, Inc.** will not be able to and will not provide its program to anyone without the execution of this agreement.
4. **Cancellation Policy**: We have a 24 hour cancellation policy at the studio for all classes and private sessions. If you cancel at least 24 hours in advance, you will not be charged. If you cancel less than 24 hours before your class or session, please note you are responsible for payment.
5. **Class Cancellations**: If for any reason the studio needs to cancel a class, you will be informed via email. While this is a rare occurrence, the studio reserves the right to cancel a class without notice, although we will try to always accommodate clients.
6. **All class cards are non-transferable:** Any class cards you purchase may not be transferred to other clients and may not be used as payment for other services.

Therefore, the undersigned, in consideration of the above and of the Pilates, various exercise classes, and movement classes to be provided, hereby waives all claims for damage or loss to person or property which may be caused by any act, or failure to act, of **Barrington Pilates, Inc.** instructors, staff, landlord and their officers, agents, or employees. The undersigned assumes the risk of all dangerous conditions in and around the premises and waives any and all specific notice of the existence of such conditions. The undersigned also assumes the risk of any and all injuries that might result from participating in **Barrington Pilates, Inc.** Pilates or movement programs.

In consideration of my participation in **Barrington Pilates, Inc.** Pilates, exercise, and movement programs, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, for myself, my heirs and assigns, hereby release **Barrington Pilates, Inc.**, its employees, independent contractors and owners, from any claims, demands and causes of action arising from my participation in the pilates, exercise program. I hereby affirm that I have read and fully understand the above, am over eighteen years of age or am a legally emancipated minor.

**Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email (please print clearly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Please fill out the following for minors (under the age of 18):**

The undersigned is a parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (client, student, participant herein,) and on his/her behalf, hereby agrees to all the conditions set forth above.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Today’s Date Parent/Legal Guardian Signature**

**CLIENT PROFILE**

***Below is completed by client please:***

**Today’s Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date Started Pilates:** \_\_\_\_\_\_\_\_\_\_\_

**Accident & Injury History:** (please include current issues and injuries your instructor needs to be aware of)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Pregnancy History (if applicable):**

How Many Pregnancies? \_\_\_\_\_\_\_\_ Any C-sections? \_\_\_\_\_\_\_\_

Any Complications?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Exercise Programs:** (please list)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Goals:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FOR OFFICE USE ONLY***

**Instructor Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral From:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Type Of Class Taken:**
\_\_\_\_\_ Mat **/**Barre

\_\_\_\_\_ Reformer Class
\_\_\_\_\_ Private Equipment Session: \_\_\_\_ single \_\_\_\_ duo \_\_\_\_ trio

**Date & Time of Class/Session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment:**

**$**\_\_\_\_\_ Amount\_\_\_\_\_\_ Buy 1st class/get 2nd free
\_\_\_\_\_\_ Paid Cash \_\_\_\_\_ Paid Check \_\_\_\_\_ Paid MB (credit card)

**In Mindbody:**\_\_\_\_\_ Yes
\_\_\_\_\_ No