



Laura West Strawser
3418 W 7th Street, Ste 111
Fort Worth, Texas 76107
817.533.1716 - Studio
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www.fortworthclassicalpilates.com

CLIENT INFORMATION

NAME

First: Middle: Last:

DOB: Sex: M F

HOME ADDRESS

Street:

City: State: Zip:

CONTACT INFORMATION

Phone: Home Work Cell

Email:

Please put an asterisks * next to your preferred method of contact.

EMERGENCY CONTACT

Name: Phone: Relationship:

Do you have any injuries? YES NO

If yes, please describe.

Have you had any surgeries? YES NO

If yes, please describe.

What are your goals or hoping to achieve with Pilates?



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STUDIO POLICIES

Welcome to Fort Worth Classical PilatesSM (FWCP). Before you begin, we have a few important policies for your benefit. If you have any questions, I am always available for you. I want you to be safe, be comfortable, and have fun!

- 1) **Please respect our 24-Hour Cancellation Policy.** If you need to reschedule or cancel your Session, please give us 24 hours notice to avoid a LATE CANCEL and being charged in full.
- 2) **NO SHOWS will be charged in full.** If you have a Session scheduled and you do not show up, you will be charged your full amount.
- 3) **Please call if you are running late.** Your instructor is free to leave after **20 minutes** if we have not heard from you, and your sessions will be considered a NO SHOW.
- 4) **Shared Sessions (Duet-2 People, Trio-3 people) & Group Equipment Classes (up to 4 people) are by teacher approval.** Quality and safety are our primary concern. We want to make sure all shared sessions are at a compatible level for everyone to get the most benefit out of the shared sessions and classes.
- 5) **For Shared Sessions (Duet-2 people, Trio-3 people):** If one client LATE CANCELS, that client will be charged in full for that clients share of the cost of the session. If one client cancels more than 24 Hours prior to the scheduled appointment, then the remaining client(s) have the option of taking the session at the higher rate, or canceling without penalty.
- 6) **Groups Equipment Classes (up to 4 People):** Please follow the 24-Hour Cancellation and No Show policies. You will still be charged the full rate if you do not show up or cancel within 24-hours of a scheduled class.
- 7) **Please silence your cell phones,** except in case of emergency.
- 8) **Please refrain from personal conversations during your session.** To get *THE MOST OUT OF YOUR SESSION*, be respectful of your instructor and fellow students and visit prior to or after your Session.
- 9) **All packages will expire 6 Months** from the date payment is received or first session is taken, whichever is earlier. You may freeze your package for a year in case of injury or extended travel.
- 10) **FWCP does not grant refunds.** Transfers may be made to another package or item, or to another client.
- 11) **FWCP recommends all new clients take at least one Private Session to start.** Then your instructor can advise you on what will be best for you considering your goals, budget, and schedule.
- 12) **FWCP is NOT physical therapy** and does not claim to rehabilitate injuries or disabilities. Our instructors can modify the system to accommodate injuries and disabilities; individuals with injuries or disabilities, however, should remain in private sessions unless otherwise permitted by the instructor.

I have read and agree to the above policies. I understand that at any time, I may request a copy of this page for my records.

Signature: _____

Print Name: _____ Date: _____



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CONSENT & WAIVER AGREEMENT

I have voluntarily chosen to participate in an exercise program (the "Program") conducted by Fort Worth Classical Pilates, LLC, and in consideration of such participation, I hereby assume all risk of injury arising out of such participation. I hereby acknowledge and agree to the following;

1. The Program includes stretching and strengthening exercises, as well as cardiovascular conditioning. During and after participation in the Program there is potential for, among other things, muscle soreness, irregular heartbeat, and instances of heart attack and death. I hereby assume the risk of personal or bodily injury arising out of all of the foregoing eventualities, and accept sole responsibility for any damages or injuries I may suffer.
2. I understand that I have the right to choose which exercises of the Program I will or will not perform, and that I may withdraw from participation in any exercise at any time.
3. I understand that a physician's examination and approval should be obtained prior to participation in any exercise program, and I understand that Fort Worth Classical Pilates, LLC, may ask me to obtain such a physician's letter at any time during my participation in the Program. Fort Worth Classical Pilates, LLC, may cancel any Sessions during my participation in the Program until such letter has been received.
4. I hereby fully release, acquit and forever discharge Fort Worth Classical Pilates, LLC, its respective officers, employees, representatives, agents, heirs, executors, administrators, successors and assigns of and from any and all claims or causes of action, at law or in equity, which may result from my participation in the Program, including but not limited to, death and personal injury.
5. I acknowledge that my participation in the Program is conditioned upon my signing and returning this Consent & Waiver Agreement to Fort Worth Classical Pilates, LLC, and I further acknowledge that I have had the opportunity to independently review it and consult with my own attorney regarding this document.
6. Fort Worth Classical Pilates, LLC, has not made any representation as to the nature and quality of the facilities or equipment to be utilized in the Program, or as to any other matter related to my participation in the Program. I acknowledge that Fort Worth Classical Pilates, LLC, owes no duty or obligation to me.

I have read and understand this Consent & Waiver Agreement, and it accurately sets forth my intentions, and I agree to be bound by its provisions.

Signature: _____

Print Name: _____ Date: _____