

# KINESPHERE PILATES, LLC

Please fill out this form to the best of your abilities and sign the statement.

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Recreational Activities: \_\_\_\_\_

Frequency: \_\_\_\_\_

General Health (circle):                      Excellent                      Good                      Fair                      Poor

Medications: \_\_\_\_\_

Goals for Fitness: \_\_\_\_\_

**Previous Injuries (Circle all that apply):**

Ankle / Knee / Hip / Low Back / Middle Back / Neck / Shoulder / Elbow / Wrist / Hands

Elaborated on checked injuries: \_\_\_\_\_

All previous surgeries: \_\_\_\_\_

Are you currently receiving professional healthcare services? (i.e. chiropractic, medical, massage therapy, physical therapy, etc?): \_\_\_\_\_

Are you currently or have you previously been diagnosed with any of the following? (circle all that apply)

Arthritis	Osteopenia (bone loss)	Diabetes	Circulatory Disease
Back Pain	Osteoporosis (bone loss)	Hypoglycemia	Hearing Problems
Herniated Disc	Dizziness/Vertigo	Hyperglycemia	Thyroid Disorder
Spinal Stenosis	Balance Issues	GERD/Acid Reflux	Pregnancy (currently)
Numbness/Tingling	Lack of coordination in walking	Heart Attack	Cancer
Pelvic Pain/Dysfunction	Neurologic Disease	High Blood Pressure	Joint Replacement

**Other/Please elaborate on circled boxes above:**

Is there anything else we should know about and have not asked? If so, Please elaborate. \_\_\_\_\_

I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I HAVE COMPLETED THE ABOVE INFORMATION AND KNOW IT TO BE TRUTHFUL AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Kinesphere Pilates, LLC

## Release Agreement:

I am aware that Kinesphere LLC and Katie Cornwell are dedicated to serving me by teaching me about and leading me in the practice of Pilates. I understand that the practice of Pilates and other physical practices involve movement and exercise which may be strenuous and can carry some risk of injury and death. I understand that I must judge my own capabilities and limits regarding the practice of Pilates and other movement modalities used by Kinesphere Pilates LLC and Katie Cornwell. I agree to take full responsibility for not exceeding my limits and capabilities, as I engage in the practices taught by Kinesphere Pilates LLC, Katie Cornwell, and other teachers hired by Kinesphere Pilates LLC. I agree to choose classes and activities that are within my capabilities. I also agree to take full responsibility for any injury I might suffer while in the practice of Pilates or any other movement discipline or modality taught or led by Katie Cornwell or by another instructor acting in her stead.

I acknowledge that it is my responsibility to ascertain that there is no medical reason or physical limitation to prevent or inhibit my participation in Katie Cornwell/Kinesphere Pilates LLC instructional sessions. I also understand that it is my responsibility to inform Katie Cornwell or another instructor hired by Kinesphere Pilates LLC at the beginning of any session about the presence of any injury or other condition that might affect my ability to participate. I agree to inform Katie Cornwell or her hired instructors immediately if any injury occurs during the class.

I understand that Katie Cornwell or another instructor may physically adjust my posture and positioning as I engage in Pilates or other movement sessions. If I do not want such physical adjustments, I will inform Katie Cornwell/instructors at the beginning of each class I attend. I also acknowledge that if I want such adjustment, it is my responsibility to inform Katie Cornwell/instructor when an adjustment has gone far enough or when I desire no further adjustment.

I hereby waive and release any claim that I might have at any time for injury of any sort against Katie Cornwell, Kinesphere Pilates LLC or hired instructors involved therewith, including without limitations its principals, instructors, employees, agents and representatives.

I have carefully read this release, fully understand it and agree to abide by it.

## Cancellation Policy:

I recognize Kinesphere Pilates LLC requires a minimum 24 hour notice for all cancellations. Cancellations received less than 24 hours in advance will be charged at the normal rate. This applies to private sessions and classes. Cancellations due to unforeseen emergency situations will be handled on an individual basis. In the event of inclement weather (and there are area school closings,) I understand I may reschedule my appointment or it will be credited back to me.

## Refund Policy:

I recognize that there are no refunds for already provided sessions. Regarding packages purchased, there are no refunds except when a medical letter can be provided.

**I have read the above three policies and agree to abide by them.**

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Kinesphere Pilates LLC is a limited liability corporation*