

MINDFUL PILATES TRAINING CONSENT FORM

NAME: _____

BIRTH DATE: _____

ADDRESS: _____

CELL : _____

PHONE SERVICE PROVIDER (for opting in to text reminders) _____

EMERGENCY CONTACT/PHONE: _____

EMAIL: (FOR UPDATES AND CLASS INFO) _____

PAST PILATES EXPERIENCE: _____

PLEASE LIST ALL PAST OR CURRENT INJURIES, SURGERIES, OR AREAS OF THE BODY THAT NEED ATTENTION: _____

HOW DID YOU HEAR ABOUT MINDFUL PILATES?

INFORMED CONSENT

By signing this form I, the client, acknowledge that I have voluntarily chosen to participate in a conditioning program of progressive physical exercises for my well-being. I do hereby hold harmless any responsibility of the instructors. I also understand that there is a 24 hour cancellation policy for any appointments. If I do not cancel my appointment I realize that I am financially responsible for payment. If I have had any serious illnesses or injuries, I have provided a doctor’s approval before beginning any exercise classes at Mindful Pilates.

SIGNATURE

DATE

SIGN UP FOR OUR CLASSES ON SCHEDULICITY. WE ALSO ACCEPT: CASH, CHECKS PAYABLE TO ALLEN DANCE SERVICES INC. AND CREDIT CARDS. PLEASE PRACTICE GOOD HYGIENE AND REFRAIN FROM WEARING LOTIONS OR STRONG FRAGRANCES IN THE STUDIO. NON-SLIP SOCKS OR BARE FEET ARE APPROPRIATE DURING WORKOUTS AND WEARING CLOTHING WITH STUDS OR ZIPPERS IS PROHIBITED AS THIS WILL DAMAGE THE UPHOLSTERY ON THE MACHINES.

www.mindfulpilatesflorida.com FACEBOOK/ INSTAGRAM