

**MINDFUL PILATES WITH SHARON ALLEN 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: \_\_\_\_\_

PAST INJURIES 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 certified 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 a doctor's approval before beginning any exercise classes at Mindful Pilates.

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

DATE

*PAYMENTS: CASH, CHECKS PAYABLE TO ALLEN DANCE SERVICES INC. 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 DO NOT WEAR CLOTHING WITH STUDS OR ZIPPERS AS IT WILL DAMAGE THE UPHOLSTERY ON THE MACHINES.*

[www.mindfulpilatesflorida.com](http://www.mindfulpilatesflorida.com)

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