



human movement
STUDIO
PILATES FOR YOUR BODY

CLIENT INFORMATION

Name: _____

Address: _____

Phone: _____ Email: _____

Occupation: _____ Date of Birth: _____

Emergency Contact: _____ Phone: _____

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

I have enrolled in a program of instruction utilizing the Pilates Method of physical conditioning and/or Neurokinetic Therapy offered by Julia Miller. I have been advised and I understand that participation in Pilates activities, like any physical conditioning program, and/or Neurokinetic Therapy present some unavoidable risk of injury, especially to people who have pre-existing injuries, illness, or medical disabilities. I recognize that many changes occur as a result of these sessions, including possible short-term aggravation of some symptoms, feelings of fatigue, light-headedness, increased energy and mood changes.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep Julia fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise program. I acknowledge that, although the program may have substantial physical benefits, Julia Miller is not engaged in diagnosing or treating medical diseases or deficiencies.

I agree to assume all risks of my participation in these conditioning programs and waive any claim, which I might bring against Julia Miller, as a result of injuries relating to my participation in either Pilates or Neurokinetic Therapy.

Cancellation Policy: I understand that if I must cancel a scheduled appointment, I must notify Julia Miller a complete 24 hours in advance, or I will be held responsible for payment in full.

Discounted packages for privates and duets are nonrefundable, but are transferable.

Signature

Date