



For Office Use Only:

CC _____ WW _____

Updated August 2009

All client information is strictly confidential and for the sole use of Body Evolutions

Student Information (please print clearly)

Date _____

First Name _____ Middle Initial _____ Last Name _____

Occupation _____ Birthday _____

Street Address _____

City _____ State _____ Zip _____

Phone (H) _____ (W) _____ (C) _____

E-Mail _____

We respect your privacy and all information given to BODY EVOLUTIONS STUDIO will be used for the sole purpose of informing you of lesson appointments, lesson balances, workout tips, follow up when appropriate and studio updates.

Physician Information

Physicians Name _____ City _____

Office Phone _____ Fax _____

Emergency Contact

Emergency Contact _____ Phone _____ Relationship _____

How did you hear about Body Evolutions Studio?

Health and Fitness Information

To ensure that your exercise program is safe and designed to meet your needs, please respond to the following.

Please rate your general level of fitness in the following areas:

Cardiovascular Conditioning: Inactive _____ Low _____ Moderate _____ High _____

Muscular Strength: Weak _____ Moderate Strength _____ Very Strong _____

Flexibility: Stiff _____ Moderately Flexible _____ Very Flexible _____

What other type of fitness activities do you currently participate in on a **regular basis** (2-3 times per week)?

Does your lifestyle involve any of the following?

Sitting for long periods Driving Standing Bending Lifting heavy objects

Any other repetitive action _____

Your Goals

Short Term Goals _____

Term Goals _____



Health and Medical History

To help keep you safe while designing your exercise program, it is important for us to know more about you. Please help us by completing the following information.

Medical Profile

The following conditions may affect your ability to exercise, please print no or yes on the items which apply to you past or present.

Date of last physical examination _____

Currently under a Doctor's Care? No Yes Describe _____

Have you ever had any surgeries or broken bones? No Yes Describe _____

According to your physician are you 20lbs or more overweight? No Yes

Do you take any medication or prescriptions? No Yes Describe _____

Do you smoke? No Yes

Currently on Medication? (To lower cholesterol, lower blood pressure, heart condition, etc.) No Yes

_____ High Cholesterol – Specify: Triglycerides level _____ Glucose level _____

_____ Anemic? _____

_____ Heart Ailment, Palpitations, Chest Pains? _____

_____ Family History of Heart Disease _____

_____ Stroke or Family History of Stroke _____

_____ Dizzy Spells or Fainting _____

_____ Difficulty Breathing, Asthma, Shortness of Breath from Mild Exertion? _____

_____ Hay Fever or _____ Allergies _____

_____ Pulmonary or Lung Conditions? _____

_____ Epilepsy _____

_____ Diabetes – Specify Type 1 or Type II _____

_____ Hypoglycemia _____

_____ Glaucoma _____ Cataracts _____

_____ Thyroid Problems _____

_____ Polio _____

_____ Cancer _____

_____ Hospitalized for Illness, Injury or Surgery? _____

_____ Numbness of Limbs? _____



Please describe any pre-existing conditions or past injuries and list the date(s) of occurrence.

Feet? R ____ L ____ none ____ Describe _____

Ankles? R ____ L ____ none ____ Describe _____

Knees? R ____ L ____ none ____ Describe _____

Hips? R ____ L ____ none ____ Describe _____

Sciatica? R ____ L ____ none ____ Describe _____

Elbow/Wrist/Hand? R ____ L ____ none ____ Describe _____

Back? Lower ____ Upper ____ none ____ Describe _____

Scoliosis? No Yes Describe _____

Shoulders? R ____ L ____ none ____ Describe _____

Neck? No Yes Describe _____

Migraine Headaches? No Yes Describe _____

Joint Replacement? No Yes Describe _____

Bone or Joint Problems (arthritis, rheumatism , gout, osteopenia or osteoporosis) that can be aggravated by exercise? No Yes _____

Do you have any persistent or chronic condition not listed above? No Yes Describe _____

Please describe any medical condition, injuries or limitations you have that are not listed above that may influence your ability to participate in a fitness program in any way _____

For your safe participation in an exercise program, if TWO or more of the above responses are "yes" or if you are pregnant, consultation with your physician is suggested prior to your participation.

I acknowledge, to the best of my ability, that I am in good health and have no known medical problems that would restrict my ability to participate in this exercise program. I will notify the instructor if I am made aware of changes to this history. I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.

Signature _____ Date _____

It is recommended that you consult with a physician before starting this or any exercise program. If you notice any pain or discomfort during the course of the exercise program, stop exercising immediately.



Updated March 1, 2006

Welcome to BODY EVOLUTIONS STUDIO. We hope your experience with a private trainer will be fun, rewarding and beneficial to your health and fitness. Our qualified trainers hold degrees in health-related fields and/or certificates in Pilates, Yoga or Gyrotonic®. These policies are designed to ensure that you have a successful training experience. Please read the policies carefully and direct any questions to your personal trainer or to BODY EVOLUTIONS STUDIO management.

Policies and Procedures

- **Arrival:** Sign in at the front desk upon arriving to class before the start of your lesson. We use the sign in sheets to help us keep as accurate records as possible and to compensate instructors for their time.
- **Personal Belongings:** Please remove shoes upon entering the studio. The studio has provided a shoe and coat rack for your personal belongings.
- **Lesson Balance:** Although we do our best to keep student accounts accurate we ask that you keep a separate account of your lesson appointments. If you should have any questions regarding your lesson balance or upcoming appointments please do not hesitate to contact the studio.
- **Payments:** Cash, personal checks and credit cards accepted. Payment is due in full prior to session. Sorry, no refunds. All sessions expire in six months from date of purchase. There is a \$25 fee for all returned checks.
- **Missed and cancelled appointments:** 24 hours notice is required for ALL scheduled reservations and standing appointment cancellations. Missed or cancelled private training appointments without 24 hour advance notice will be billed in full. Missed or cancelled reformer class appointments will be billed \$25.
- **Standing appointments:** Time slots cannot be guaranteed unless purchased in advance. Inconsistent attendance will result in the loss of standing appointment time slot regardless of 24-hour notice.
- **Late appointments:** It is very important to arrive on time for each appointment since trainers often schedule consecutive appointments with other clients. If you arrive late, you will be charged for the entire session. Lost time will not be made up at the end of your session.
- **Cell phones and conversations:** Please turn all pagers and cell phones to VIBRATE or OFF position before entering studio. As a consideration to those training we ask that you keep voices low and conversations to a minimum.
- **Lost or Stolen Articles:** BODY EVOLUTIONS STUDIO shall not be responsible or liable for any article lost, stolen or damaged, in or about the studio.
- **Current Pricing:** We reserve the right to adjust fees without notice. Please contact us for current pricing.

Program Expiration and Refund Policy

- **Program Expiration Policy:** Pilates and Gyrotonic® requires a commitment of time, energy and money. Body Evolutions allows a reasonable amount of time in which to complete all of your sessions. All private training packages and group mat and reformer class cards expire 6 months (180 days) from date of purchase, no exceptions. Lessons must be completed by this date or you forfeit the balance of lessons unless stated otherwise in writing. Please choose your programs wisely.

Refunds: We do not offer refunds and private training packages and group mat and reformer class cards expire 6 months (180 days) from date of purchase. Please choose your programs wisely.

Note: A one time extension to a package expiration date may be considered on an exception basis (i.e. unexpected medical reasons with a valid physician's release). This extension is only valid when stated in writing. Contact Studio for details.

I have read this form, and fully understand that by signing below, I **(print full name clearly)** acknowledge that I understand the above policies and procedures, program expiration and refund policy and agree to all of the terms and conditions stated within this form.

Signature

Date



INFORMED CONSENT OF PARTICIPATION IN AN EXERCISE PROGRAM AND WAIVER OF LIABILITY

Disclaimer: BODY EVOLUTIONS STUDIO is not responsible for any injury (or loss of property) to any person suffered while participating in activities at BODY EVOLUTIONS STUDIO for any reason whatsoever.

I have voluntarily enrolled in a program of instruction offered by BODY EVOLUTIONS STUDIO. I have been informed and acknowledge that BODY EVOLUTIONS STUDIO makes no claims as to medical results, which can or may be obtained through participation in this program of instruction or use of BODY EVOLUTIONS STUDIO facilities or equipment. BODY EVOLUTIONS STUDIO has neither suggested nor will suggest any medical treatment to participants. Participants are instructed not to act on the advice given by any unlicensed employee, agent or contractor of BODY EVOLUTIONS STUDIO until and unless such advice has been verified with a licensed professional or their own physician.

I acknowledge that I have either had a physical examination and have been given my physician's permission to participate in fitness activity or in the use of exercise equipment or that I have decided to voluntarily participate in a fitness program which will be designed and administered by BODY EVOLUTIONS STUDIO, it's staff or contractors, based upon what they, in their professional judgment feel is appropriate, without the approval of my physician.

Each participant represents that there is no medical or physical condition that would prevent him or her from participation in this program of instruction or from using BODY EVOLUTIONS STUDIO equipment or facilities. I agree to keep BODY EVOLUTIONS STUDIO fully informed of any physical or medical condition or disability that would prevent or limit participation in this program of instruction or use of equipment. I further agree to provide BODY EVOLUTIONS STUDIO with any and all information concerning medications and prescriptions, which might influence my ability to participate in this program of instruction or use of equipment. All information shall be kept confidential.

Each participant has been advised and realizes that participation in BODY EVOLUTIONS STUDIO conditioning activities and programs offered by BODY EVOLUTIONS STUDIO, presents some unavoidable risk of injury, especially to people who have preexisting injuries, illness or medical disabilities. I recognize that many changes may occur as a result of these exercise lessons including but not limited to, possible short-term aggravation of some symptoms, feelings of tiredness, lightheadedness, increased energy, mood changes, etc. I also understand that I should stop exercising immediately if I detect pain, dizziness or discomfort of any sort during the course of the exercise program

In consideration of being allowed to participate in any way in the BODY EVOLUTIONS STUDIO program, related events and activities, and to use it's facilities and equipment, in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge BODY EVOLUTIONS STUDIO, its directors, shareholders, employees, apprentices, student teachers, independent contractors, other participants, landlord or any owner, member, volunteer, Gyrotonic® Manufacturing, Balanced Body, Inc. ©, from any and all claims, demands, rights of action, or causes of action, present or future, whether known or unknown that may come about as a result of my participation in this program of instruction or use of equipment or facilities, that may be made by me, my family, estate, heirs, or assigns.

I affirm that I am of legal age or am a parent or adult guardian representing a minor and freely signing this agreement. I have read this form, the BODY EVOLUTIONS STUDIO Personal Training Policies and Procedures, Program Expiration and Refund Policy and fully understand that by signing below, I **(print full name clearly)** acknowledge that I understand the above liability waiver, policies and procedures, program expiration and refund policy and agree to all of the terms and conditions stated within these forms.

SIGNATURE

DATE

For Parents/Guardians of Participants of Minority Age (under age of 18 at time of registration)

This is to certify that I, as parent/adult guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, to the fullest extent permitted by law.

SIGNATURE

DATE