



## CLIENT INFORMATION SHEET

Please complete this Toolbox Pilates Client Information Sheet, Policies, and Waiver. In order to streamline the process we recommend that you email a completed copy to [pilates@thetoolboxdc.com](mailto:pilates@thetoolboxdc.com) or print it, and bring it back to us prior to your first class. We can't wait to meet you and get you started on your Toolbox Pilates journey.

Date \_\_\_\_\_ Email \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ DOB \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you have any injuries? If so, please explain \_\_\_\_\_

Are you taking any medications? If so, please list names of medication \_\_\_\_\_

Are you pregnant? If so, in what trimester \_\_\_\_\_

What are your goals? \_\_\_\_\_

Have you taken Pilates Classes before? If so, what level would you consider yourself?

Completed by \_\_\_\_\_

Date \_\_\_\_\_



## POLICIES

Welcome to Toolbox Pilates Studio. We hope your experience will be fun and rewarding and working toward your health and fitness goals. The following policies are designed to ensure your successful training experience. Please read the policies below carefully, and don't hesitate to ask any question.

**FORM OF PAYMENT:** Services can be paid by cash, credit card, or check before your session. There is a \$35.00 fee for all returned checks. We do not give any refunds or credits. (Other than what is required by the State of DC) \_\_\_\_\_ initial here

**REFUNDS:** No refunds or transfers \_\_\_\_\_ initial here

**MISSED or CANCELED APPOINTMENTS:** To cancel an appointment without charge, you must cancel at least 24 hours in advance of your scheduled appointment. If you fail to cancel at least 24 hours in advance, you will be charged for the full session. \_\_\_\_\_ initial here

**UNLIMITED MONTHLY MEMBERSHIP LATE CANCELLATIONS:** A \$10.00 late cancel charge will be assessed to all missed classes booked under a monthly unlimited membership. This applies to late cancellations (less than 24 hour notice) and no shows. \_\_\_\_\_ initial here

**LATE APPOINTMENTS:** It is very important to arrive on time for each appointment, since we have other appointments to keep after yours. If you arrive late, you will be charged for the full session, even though you may not receive a full session. \_\_\_\_\_ initial here

**SESSION EXPIRATION:** All sessions/packages expire 3 months from the date of purchase. \_\_\_\_\_ initial here

I have read the above and agree to abide by the policies set forth by Toolbox Pilates Studio.

Completed by \_\_\_\_\_

Date \_\_\_\_\_



## WAIVER FORM

Waiver: In consideration of being permitted to participate in any way in Pilates training and fitness training; hereinafter called "The Training", I, for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge, and covenant not to sue Toolbox Pilates Studio, its officers, employees, and agents from liability from any and all claims including the negligence of Toolbox Pilates Studio, its officers, employees and agents, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Training.

Assumption of Risks: Participation in The Training carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Training. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD Toolbox Pilates Studio HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in The Training and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of District of Columbia and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I have read this assumption of risk and fully understand and agree to its terms.

**Completed by** \_\_\_\_\_

**Date** \_\_\_\_\_

