

New Client Form
Pilates with Katelin Ross, Instructor

Name: _____ Date: _____
Email: _____ Birthday: _____
Address: _____

Phone: _____
Emergency Contact: _____
Injuries/Medical Conditions? _____

Do you exercise regularly? _____ What do you do? _____
How did you hear about us? _____

- All sessions and classes are 55 minutes
- Advance payment is required to participate in classes
- Accepted payments are cash, check, or Paypal
- Prior to any session, a Waiver of Liability must be completely filled out and signed
- Please be courteous and quiet if you arrive late
- Please bring your own mat
- Please turn off your cell phone before entering the studio

AGREEMENT OF RELEASE & WAIVER OF LIABILITY

1. I will receive information and instruction while participating in the class with Katelin Ross. I recognize that this class will require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in classes with Katelin Ross. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in the class, health program or workshop.
3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I may incur as a result of participating in the class.
4. I knowingly, voluntarily and expressly waive any claim that I may have against the instructor for injuries or damages that I may sustain as a result of my participation.
5. Heirs, my legal representatives and I forever release and waive any liabilities against Katelin Ross for any injury or death incurred by my voluntary participation in the class, workshop or activity.

I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY AND FULLY UNDERSTAND THEIR CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.

Date: _____

Signature of Participant: _____

If participant is under the age of 18, as legal guardian of:

Name of Minor _____

Signature of Parent/Guardian of Participant: _____