



## CLIENT INFORMATION

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical History and Injuries \_\_\_\_\_

How did you hear about us?

Referral\_\_\_\_ Friend\_\_\_\_ Phone Book\_\_\_\_ Internet Search\_\_\_\_ Spring P&Y Website \_\_\_\_

Other Website\_\_\_\_ Walked by\_\_\_\_ Yelp\_\_\_\_ Citisearch\_\_\_\_ Noe Valley Voice\_\_\_\_

Flyer\_\_\_\_ Postcard\_\_\_\_ Other (explain)\_\_\_\_

Details from above selections \_\_\_\_\_

## LIABILITY RELEASE

It is recommended to every person joining a physical fitness program that he/she undergoes a complete physical examination by their personal physician. If there are any physical limitations, these should be indicated and made known to your instructor prior to participation in Yoga or Pilates Mat classes. As a good health practice, it is recommended every person have an annual checkup.

In consideration of my requesting participation in Yoga/Mat classes and in concerning the general state of my general physical condition and fitness,

I \_\_\_\_\_ accept any and all responsibility for, and assume the risk of, any and all injury or damage to my person which might arise, either directly or indirectly, as a result of my participation in Yoga/Mat classes at Spring Pilates Studio. I hereby expressly release, discharge and hold harmless any member of staff at Spring Pilates Studio.

I certify that I am familiar with the contents of this release and that I have read and understood the same. It is my intention, by signing this release that the same be binding not only upon my heirs, administrators, executors, successors and assigns.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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