



CLIENT PROFILE

NAME _____ DATE _____

ADDRESS _____ ZIP _____

EMAIL _____

PHONE [CELL] _____ [HOME] _____ [WORK] _____

BIRTH DATE _____ OCCUPATION _____

FACEBOOK NAME (FOR COUPONS AND SPECIALS) _____

EMERGENCY CONTACT _____ [PHONE] _____

How did you find out about Galante Pilates? If applicable, please include the name of the person who referred you.

Please describe your current physical condition.

- Excellent Good Fair Poor

Are you pregnant?

- Yes No

What specific fitness or health goals do you hope to achieve through Galante Pilates?

- Strengthen Muscles Stress Reduction Work Target Area
 Balance/Flexibility Mind/Body Connection Other: _____
 Medical Reason

Check all current and meaningful previous activities.

- Pilates Running Weight Lifting Biking/Cycling Swimming
 Yoga Walking Dance/Zumba Hiking/Climbing Other

Please check and include the practice/practitioner name if you are currently under the care of the following:

- Physical Therapist _____
 Chiropractor _____
 Massage Therapist _____
 Doctor for Ongoing Health Issue _____
 Other _____

HEALTH HISTORY

Do you currently have or do you have a history of the following?

Y	N	CONDITION	ONSET/DURATION/SEVERITY/LOCATION
		Lower Back Issues	
		Upper Back Issues	
		Neck Problems	
		Disc Issues (Level)	
		Scoliosis	
		Sciatica	
		Hip, Knee, Ankle Issues	
		Foot Issues	
		Shoulder Issues	
		Repeated Shoulder Dislocations	
		Difference in Leg Length	
		Tendon/Ligament/Muscle Strains	
		Arthritis (Type)	
		Joint Replacement	
		Osteoporosis	
		Headaches	
		Neurological Conditions	
		Numbness/Tingling	
		Vertigo/Dizziness	
		High/Low Blood Pressure	
		Heart Disorder	
		Seizures	
		Diabetes	
		Cancer	
		Abdominal Surgery	
		Hysterectomy/Hernia	
		Other Issues or Concerns	



TERMS, CONDITIONS, WAIVER AND RELEASE

FINANCIAL OBLIGATIONS

All clients are responsible for timely payment for Pilates sessions, classes, products and other events sponsored by Galante Pilates. All Pilates Session and Group Fitness Services and Packages are pre-paid, non-refundable, and valid for one year from the date of purchase.

Initial: _____

CANCELLATION POLICY

Galante Pilates is a boutique studio. Class sizes are intentionally small; all classes and private sessions are in high demand. Therefore, a minimum of 24 hours notice is required for all cancellations. Clients who cancel inside the 24-hour window are considered a “late cancel” and forfeit the fee for the scheduled session or class.

Special Circumstances for Duets and Trio Sessions

Duet Sessions

All Duet Sessions are scheduled by appointment. If a scheduled participant must cancel, a minimum of 24 hours notice is required. The remaining client may then choose to upgrade to a Solo Session at a similar package rate (e.g., a client who holds a “Breath” package for Duet Sessions [\$36/session] may upgrade to a Solo Session at the “Breath” package rate [\$63/session] by paying an additional \$27, plus applicable sales tax) or reschedule the Duet Session at a mutually acceptable time.

Trio Sessions

Galante Pilates offers two options for scheduling Trio Sessions:

- (1) Open Trio Session times are published on the studio schedule and are open to clients who have already completed at least five Solo Sessions. The studio reserves the right to cancel any Open Trio Session that does not have at least two clients signed up 24 hours in advance. If a class is cancelled due to low enrollment, the remaining client may upgrade to a Solo Session at a similar package rate (e.g., a client who holds a “Breath” package for Trio Sessions [\$27/session] may upgrade to a Solo Session at the “Breath” package rate [\$63/session] by paying an additional \$36 plus applicable sales tax), or chose an open spot in an upcoming class. As with other classes, clients will be notified of any cancellations or class changes via email.
- (2) Trio Sessions may also be scheduled by appointment. If one of the scheduled participants must cancel, a minimum of 24 hours notice is required. The remaining two clients may then choose to upgrade to a Duet Session at a similar package rate or reschedule at a mutually agreeable time. If a scheduled participant cancels within the 24 hour window, the client will be considered a “late cancel” and forfeit the fee for the scheduled session. In this circumstance, the remaining two clients may keep the appointment without the need to upgrade to a Duet Session.

Initial: _____

PRODUCTS

If you change your mind about any Products purchased from the Studio, you may return them within 7 days with your receipt and we will give you a full refund provided that the Products are unused and are not damaged. This does not affect your statutory rights as a consumer.

Initial: _____

OUR CLASSES

All classes and sessions at Galante Pilates are 50-55 minutes. Because of the nature of the Studio schedule, late arrivals cannot be accommodated for the full session. Clients should plan to arrive at least five (5) minutes prior to the start of a class or session.

Unless authorized with a signed participant/registration waiver, you must be aged 18 years or over to attend any Classes or to use any of our facilities at the Studio. Galante Pilates does not accept the online registration of minors; please do not attempt to register on the Website if you are under the age of 18. If Galante Pilates discovers that personal information has been submitted by a minor without a signed participant/registration waiver, Galante Pilates reserves the right to delete such information.

Galante Pilates reserves the right to refuse access, suspend or terminate use of the Studio to anyone reasonably considered to be damaging our reputation, in breach of these Conditions, or acting contrary to the interests of other users of the Studio or participants in Classes.

Initial: _____

WAIVER AND RELEASE

By signing up for and/or attending classes, events, activities, and other programs and using the premises, facilities and equipment, you hereby acknowledge on behalf of yourself, your heirs, personal representatives and/or assigns, that there are certain inherent risks and dangers in Pilates. You acknowledge that some of these risks cannot be eliminated regardless of the care taken to avoid injuries.

You also acknowledge that the specific risks vary from one activity to another, but 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; and (3) catastrophic injuries including paralysis and death. You have read and thoroughly understand all safety instructions that are posted on the Website.

At all times, you shall comply with all stated and customary terms, posted safety signs, rules, and verbal instructions given to you. If in the subjective opinion of Galante Pilates you would be at physical risk participating in classes or sessions, you understand and agree that you may be denied access until you furnish Galante Pilates with an opinion letter from your medical doctor, at your sole cost and expense, specifically addressing Galante Pilates's concerns and stating that Galante Pilates's concerns are unfounded.

In consideration of being allowed to participate in and access the classes and sessions, you hereby (1) agree to assume full responsibility for any and all injuries or damage which are sustained or aggravated by you in relation to the classes and sessions, (2) release, indemnify, and hold harmless Galante Pilates, its direct and indirect parent, subsidiary affiliate entities, and each of their respective officers, directors, members, employees, representatives and agents, and each of their respective successors and assigns and all others, from any and all responsibility, claims, actions, suits, procedures, costs, expenses, damages, and liabilities to the fullest extent allowed by law arising out of or in any way related to participation in the classes or use of the Studio, and (3) represent that you (a) have no medical or physical condition that would prevent you from properly using any of Galante Pilates's classes and equipment, (b) do not have a physical or mental condition that would put you in any physical or medical danger, and (c) have not been instructed by a physician to not participate in physical exercise. You acknowledge that if you have any chronic disabilities or conditions, you are at risk in using Galante Pilates's classes and equipment, and should not be participating in any activities of the Studio.

Initial: _____

I HAVE READ THIS DOCUMENT, AND I UNDERSTAND ALL OF THE TERMS AND CONDITIONS HEREIN. I SIGN VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

PRINTED NAME

SIGNATURE

DATE