

Andersonville Physical Therapy

Pilates Client Information

Personal

Name _____ Date of Birth _____

Street Address _____ Apt #: _____

City _____ State _____ Zip Code _____

E-Mail Address _____

(For newsletters, reminders, etc.)

Phone
(H) _____ (W) _____ (Cell) _____

How do you prefer to be reminded of your individual sessions?

- email home phone cell

Waiver of Liability

I am aware that participation in physical exercise may result in accident or injury. I recognize that the Pilates exercise program at Andersonville Physical Therapy is not physical therapy. I recognize that I am participating in Pilates at Andersonville Physical Therapy voluntarily and I am participating in this activity at my own risk. The Pilates training at Andersonville Physical Therapy includes the use of equipment that may cause injury. I acknowledge that I have been informed of this and understand the risk of such injury.

I declare that I am physically sound and suffering from no condition or physical impairment that would limit my participation in my activities or use of equipment. I understand and agree that it is my responsibility to inform my Pilates instructor of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

In consideration of my acceptance of participation in Pilates at Andersonville Physical Therapy I expressly waive, release, and discharge Andersonville Physical Therapy, SC, officers, directors, employees, and independent contractors from any liabilities, including attorney fees, arising out of or in connection with, any bodily injury occurring during or after my participation in the exercise program.

I hereby affirm that I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signed _____ Dated _____

Please note that Pilates Class Cards expire 6 months after their purchase date!!!