



PERSONAL INFORMATION (PLEASE PRINT)

Name _____ Today's Date _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail _____ Mobile Phone _____

Age _____ Do you have experience with Pilates? YES ___ NO ___ How did you hear about us? _____

GOALS (CIRCLE ALL THAT APPLY)

WEIGHT LOSS STRENGTH TONE FLEXIBILITY JOINT REHAB OTHER _____

HEALTH HISTORY

Please list any physical issues you currently have or have had within the last 5 years, include any medications that you are taking (use back of page for more details).

AGREEMENT OF RELEASE & WAIVER OF LIABILITY

I, _____, hereby agree to the following:

(Please print name)

1. That I am participating in the Pilates, GYROTONIC®, GYROKINESIS®, Stretching, Yoga, Suspension Training and Fitness Classes, Programs or Workshops offered by *Pilates with Frankie™*, *Workout with Frankie™*, *Pilates Training Camp™*, *JAZZERCISE™*, their owners, officers, directors, staff, agents, instructors, apprentices, successors, assigns or heirs, during which I will receive information and instruction about Pilates, GYROTONIC®, GYROKINESIS®, Stretching, Yoga, Suspension Training and Fitness Programs. I recognize that Pilates, GYROTONIC®, GYROKINESIS®, Stretching, Yoga, Suspension Training and Fitness Classes, Programs or Workshops require physical exertion which may be strenuous at times 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 the Pilates, GYROTONIC®, GYROKINESIS®, Stretching, Yoga, Suspension Training and Fitness Classes, Programs or Workshops.
3. In consideration of being permitted to participate in the Pilates, GYROTONIC®, GYROKINESIS®, Stretching, Yoga, Suspension Training and Fitness Classes, Programs or Workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown which might occur as a result of participation in the program.
4. In further consideration of being permitted to participate in the Pilates, GYROTONIC®, GYROKINESIS®, Stretching, Yoga, Suspension Training and Fitness Classes, Programs or Workshops, I knowingly, voluntarily and expressly waive any claim I may have against *Pilates with Frankie™*, *Workout with Frankie™*, *Pilates Training Camp™*, *JAZZERCISE™*, their owners, officers, directors, staff, agents, instructors, apprentices, successors, assigns or heirs, for injury or damages that I may sustain as a result of participation in the aforementioned programs.
5. I, together with my successors, assigns, heirs and legal representatives, forever release, waive, discharge and covenant not to make any claims or institute any legal action against *Pilates with Frankie™*, *Workout with Frankie™*, *Pilates Training Camp™*, *JAZZERCISE™*, their owners, officers, directors, staff, agents, instructors, apprentices, successors, assigns or heirs, with respect to any and all claims, costs, and expenses that I may otherwise incur as a result of any injury or death which results in my participation in their program whether by virtue of their negligence or any other act(s).
6. I agree to be added to the email list for *Pilates with Frankie™*, *Workout with Frankie™*, *Pilates Training Camp™*, *JAZZERCISE™*; so that I may be informed of upcoming events and promotions. I understand that I may unsubscribe from this list at any point.

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

SIGNATURE of PARTICIPANT (OR Parent/Legal Guardian, if participant is under 16 years)

DATE