



CLIENT REGISTRATION

All client information is considered private and confidential.

Client Name:

Last First Middle

Home Address:

_____ DOB: _____

City / State / Zip:

_____ Age: _____

Billing Address:

_____ City / State / Zip: _____ Sex: _____

Referred?:

By: _____

Email:

_____ Occupation: _____

Phone (at least one):

Emergency

Mobile

Contact:

Name Relationship Phone

Primary Care Doctor:

Name Phone Fax

How did you hear about Hottie Pilates? _____

What are your fitness/rehabilitation goals?

What are your current fitness activities? (Walking, biking, running, weight training, golf, tennis, etc.)

Please indicate frequency.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Check One

- Has a doctor ever said that you have a heart condition? Yes No
- Do you frequently suffer from pains in your chest? Yes No
- Do you often feel faint or have severe dizzy spells? Yes No
- Has your doctor ever told you that you have high blood pressure? Yes No
- Has your doctor ever told you that you have a serious bone or joint problem that could become aggravated by exercise? Yes No
- Do you have any other restrictions that would prevent you from participating in any physical activity? *If yes, use the space at bottom of form to expand.* Yes No

Heart Condition	Yes	No	_____
High Blood	Yes	No	_____
Diabetes	Yes	No	_____
Asthma	Yes	No	_____
Arthritis	Yes	No	_____
Scoliosis	Yes	No	_____
Current Injuries	Yes	No	_____
Recent Surgeries	Yes	No	_____

How often do you exercise now? Daily 2-4x week 1-2x week 1-3x month

Please list any medications you are currently taking, including over-the-counter drugs, supplements, and prescription medications.

Please expand on any items above that you feel would help us better understand your physical weaknesses or limitations.

Signature

Date

STUDIO GUIDELINES

Book all appointments online.

Only water is allowed on the workout floor.

Shoes are not allowed on the workout floor, bare feet, or grip socks only.

Due to health department guidelines concerning staph infections, please clean hands, and feet with provided towels/wipes before your session/class.

Please wipe down your equipment with provided cleaning supplies after each session/class.

Attire:

For Women: Please wear long workout pants or capri pants that are not flared. Avoid wearing shorts, midriffs, or bra tops. Baggy t-shirts are also not allowed. Please refrain from wearing any jewelry, including body piercing jewelry as there is continuous contact with equipment which may cause self-injury. Bracelets and necklaces may also get caught in the equipment. Additionally, avoid wearing strong perfumes, suntan creams and lotions.

For Men: Please wear long shorts with under armour underneath shorts or long workout pants. Muscle shirts are not allowed.

RESERVATION POLICY

Each client will book their appointments online.

Once your appointment is booked online it is a scheduled appointment.

Please see Cancellation Policy below concerning scheduled appointments.

PAYMENT INFORMATION

Forms of payment: Cash, Visa, Master Card, Venmo and Zelle. No checks. No American Express or Discover

HOTTIE PILATES CANCELLATION POLICY

Cancellations with less than 24-hour notice will be charged a full session fee. This is so we can maintain the integrity of the schedule. Note that an EARLY cancellation (which has no fee charged to you) must be received by text or email so we can document the cancellation and make sure that we are not charging your account. You will need to be mindful of your own schedule and commitments when booking your sessions

Initials

HOTTIE PILATES, LLC AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I wish to utilize the services and facilities of HOTTIE PILATES, LLC, Westlake, Texas.

In consideration of using the said services and facility of HOTTIE PILATES, LLC, I hereby agree to the fullest extent permitted by law, to forever release, indemnify, defend and hold harmless HOTTIE PILATES, LLC, and its respective officers, directors, owners, personnel, agents, contractors and employees, (collectively the "Release Parties") from and against any and all actions, costs, claims, losses, expenses and/or damages, including attorney's fees, that I (or the below-mentioned minor) might otherwise have or be entitled to assert as a result of or related to any physical injury or otherwise, including without limitation to death or in the future for any personal injuries and/or property damage or loss sustained in connection with any uses (or the below-mentioned minor's use) in any matter resulting from my use of the services and facilities of HOTTIE PILATES, LLC, including, without limitation, claims and causes of action based on negligence, breach of warranty or breach of contract. This right of indemnity shall exist in favor of HOTTIE PILATES LLC, and the Release Parties even if HOTTIE PILATES, LLC and/or the Release Parties' negligence, gross negligence, intentional conduct, statutory or common law fault caused or contributed, in whole or in part, to the claims, liability or damages herein released. I also agree to indemnify, defend and hold harmless HOTTIE PILATES, LLC, and the Release Parties from and all claims brought by third parties arising out of my (or the below-mentioned minor's) acts, errors or omissions.

I understand that exercise, as well as various equipment activities, have varying effects on individuals based upon their size, age, physical condition and/or state of health. I further understand it is my sole responsibility to consult with a physician prior to and regarding my participation in the fitness and exercise programs offered by HOTTIE PILATES, LLC. I understand it is my responsibility to determine my physical fitness for any exercise and the suitability of any exercise based on my physical condition. I am declaring that I am physically capable of utilizing the services and facilities of HOTTIE PILATES, LLC, WESTLAKE, Texas.

I hereby authorize HOTTIE PILATES, LLC, personnel to call for medical assistance for me or the below-mentioned minor and to transport the same to a medical facility or hospital in the event of an emergency. I further agree to be responsible for all costs and expenses associated with any such medical care and/or related transport and I hereby indemnify and hold harmless the Release Parties of and from any such costs.

I acknowledge that I have read this Waiver of Liability carefully and understand its meaning, and I am voluntarily releasing the below named parties from all liabilities arising out of my utilization of the facilities and services of HOTTIE PILATES, LLC. If I am executing the Release of Liability and Waiver of Rights on behalf of a minor, I warrant and represent that I am the minor's parent or legal guardian.

This Agreement shall be binding on my (or the below-mentioned minor's) estate, heirs, administrators, and assigns.

I HAVE CAREFULLY READ THE FOREGOING RELEASE OF LIABILITY AND WAIVER OF RIGHTS, UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF IT SIGNIFICANCE. I AM AT LEAST 18 YEARS OF AGE.

Signed on this date: _____ Phone: _____

Name: _____ Email: _____

Address of Participant: _____

In case of Emergency, please contact: _____ Phone: _____

Signature of Participant: _____

Signature of parent or legal guardian if participant is under 18 years of age: _____