



Pilates Intake

Name _____ Today's Date _____
Date of Birth _____ Height _____ Weight (Optional) _____
Do you have any current injuries, aches, pains, or health concerns? _____

Please circle any that may apply:

- | | | | |
|-------------------------|-------------------|-----------------|---------------------|
| High/Low Blood Pressure | Numbness/Tingling | Heart Problems | Bone/Joint Problems |
| Muscle Cramps/Spasms | Pregnancy | Toenail Fungus | Vertigo |
| Seizures | Athletes Foot | Osteoporosis | Scoliosis |
| Fractures | Chronic Illness | Chronic Fatigue | Sprains/Strains |

Recent Surgeries – Please describe (including dates)

Pregnancy – If yes, please sign here stating that your doctor has given you permission to safely do Pilates

Current Medications

Are you presently doing other kinds of therapy? E.g. massage, physical therapy, chiropractic...

Do you have any past training in the Pilates method of movement?

Have you ever worked on Gratz equipment before?

What are your goals?

How did you hear about Inertia6?

Signature _____ Date _____



Pilates Waiver

Name _____ Birth Date (MM/DD/YYYY) _____
Cell Phone _____ Home Phone _____
Street Address _____ City _____ State _____ Zip _____
Email _____
Emergency Contact/Relation _____ Phone _____

Inertia6 recommends that you consult with your physician before beginning any exercise routine. Instructors at Inertia6 are certified instructors but are not doctors and do not diagnose or guarantee to fix injuries. Inertia6 and its instructors will not be held responsible for injuries.

Policies & Procedures

All clients are required to sign a waiver before entering workout area.

Any persons under the age of eighteen (18) must have parental consent.

Inertia6 is not responsible for any lost or stolen personal items.

Inertia6 reserves the right to refuse service to anyone.

Pregnant clients: Some instructors may require a note from your doctor.

Socks must be worn at all times in the workout area.

Packages and pricing are subject to change and are available at the studio. Pricing current as of publication.

Standing Appointments: Reoccurring weekly appointments through one (1) calendar year. All appointments cease on December 31st. Inertia6 coordinates with clients to continue through the following calendar year or change/cancel standing appointments. Clients can cancel/change standing appointments at any time via email. Clients can adjust appointments weekly from their standing appointment; unless Inertia6 receives notice, we will assume that the standing schedule will resume.

All packages purchased at Inertia6 are non-refundable. **Initial Here** _____

24 HOUR CANCELLATION POLICY: All clients holding appointments with Inertia6 must cancel online at inertia6.com a minimum of 24 hours prior to scheduled appointment in order to avoid charges. If an appointment is canceled less than 24 hours in advance, the applicable charges shall apply. **Initial Here** _____

I, _____,
have read and understand this warning. I agree to all of the above terms.

Client Signature _____ **Date** _____

Guardian Signature (if not at least 18 years old) _____