



Patient Information

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Home Phone: _____ Work: _____ Cell: _____

Date of Birth: _____ Driver's Lic#: _____

Employer: _____ Referred by: _____

Health Insurance Co: _____

Address: _____

Phone: _____

Policy Number: _____ Group/Employer Number: _____

Adjustor's Name: (if MVA): _____ Phone#/Extension: _____

Name of Person insured (if spouse or parent): _____

Parent/Spouse/Guardian/Insured's Date of Birth: _____



WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

I have enrolled in a program of instruction in the Pilates Method, Gyrotonic, Yoga or Physical Therapy offered by TheraPilates® Physical Therapy Clinic. I have been informed and acknowledge that TheraPilates® Clinic makes no claims as guaranteed results which can or may be obtained through participation in this program or use of any Pilates, Gyrotonic® or TheraPilates® Clinic equipment. If there are any activities that a physician or other chosen healthcare practitioner has advised against doing, I agree to inform the instructor or Physical Therapist before beginning this program and for the duration of the program. The physician in charge of my care either agrees or has recommended that I participate in programs offered by TheraPilates®. I will keep TheraPilates® Clinic fully informed of any physical or medical conditions or disabilities or changes in my status throughout the course of treatment or instruction which would prevent or limit participation in this program of instruction or use of equipment.

I realize that there is unavoidable risk of injury, especially if I have a pre-existing injury, illness or medical disability and have informed TheraPilates® of any such pre-existing condition. I understand that a medical evaluation is advisable before beginning any program of exercise. I understand that use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of these exercise lessons and treatment, including possible short-term aggravation of some symptoms, feelings of tiredness, lightheadedness, increased energy, nausea, mood changes, etc. and that any strenuous athletic or physical activity involves certain risk of injury. I assume the risk of any and all accidents or injuries of any kind which may be sustained by reason of or in connection with use of its directors, shareholders, employees, apprentices, student teachers, and contractors from any and all claims, demands, rights of action, present or future, whether known or unknown resulting from participation in this program of instruction or use of TheraPilates® Clinic, facilities or equipment. I expressly assume all risks of injuries resulting from my participation in this program of instruction and use of TheraPilates® Clinic, facilities or equipment.

CANCELLATIONS must be received 24 hours in advance to be granted a make-up session. The session is forfeited if less than 24 hours notice is given. TheraPilates® policy is that no refunds are given. I understand that by enrolling in Pilates or Gyrotonic® Sessions that it is for personal use only and agree not to teach Pilates or Gyrotonic® Exercise in any form. Any handouts given are copyrighted material and shall not be distributed, duplicated or sold by any means. I am aware that only fully certified and licensed teachers are authorized to teach the Pilates Method of Body Conditioning and Gyrotonic®. TheraPilates® Clinic shall not be responsible for any article lost, stolen or damaged in or about the clinic.

I have read the above liability waiver and agree to the terms and conditions stated above.

- Please no perfumes or body lotions-this makes the equipment slippery and hazardous.**
- I am aware of the 24 hour cancellation policy.**
- I realize that this is a teaching facility and that sessions may be observed by students in training.**

Print Full Name

DATE

SIGNATURE

City

State

Zip