



Waiver of Liability and Informed Consent Release

CANCELLATION POLICY: I understand that if I must cancel a scheduled appointment, I must notify The Cornerstone Pilates Inc. at least 24 hours in advance or I will be held responsible for payment in full.

I have enrolled in a program of instruction in the Pilates Method of physical conditioning offered by The Cornerstone Pilates Inc. I have been advised and I understand that participation in the Pilates Method exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury, I recognize that many changes occur as a result of exercise lessons, including possible short-term aggravation of some symptoms, feeling of tiredness, light-headedness, increased energy, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have or will continue to keep The Cornerstone Pilates Inc. fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, neither The Cornerstone Pilates Inc. nor its employees are engaged in diagnosing or treating medial diseases or deficiencies.

I expressly assume all risks of my participation in the programs of the Pilates Method conditioning conducted by The Cornerstone Pilates Inc., its officers, shareholders, employees, trainees, and contractors as a result of injuries resulting from or relating to my participation in the Pilates Method conditioning programs.

The Cornerstone Pilates Inc. shall not be responsible or liable for any articles lost, stolen or damaged, in or about the studio.

I understand that mat and apparatus classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

Signature (parent/guardian if under 18)

Date



Client Information Form

Welcome to The Cornerstone Pilates Inc. It is our mission to empower you to be in control of your own health and well-being through Pilates. To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form.

Name _____ Birth Date _____

Address _____

City _____ Prov _____ Zip _____

Email _____ Phone _____ M ☐ H ☐

Emergency Contact _____ Telephone _____

What specific fitness or health goals do you hope to achieve through Pilates?

Describe your physical history, including injuries, ailments, illnesses, surgeries, pregnancies, and any significant medical treatments.

Check all body parts that are currently or have caused you pain. Where appropriate, please specify right or left.

Head _____ Neck _____ Shoulder _____ Arm/hand _____

Upper back _____ Mid back _____ Low back _____ Ribs _____ Abdomen _____

Hip/Pelvis _____ Knee _____ Ankle/foot _____

How did you find out about The Cornerstone Pilates Inc.? If applicable, include your referring doctor, chiropractor, physical therapist, massage therapist, etc.
