



CLIENT REGISTRATION

All client information is considered private and confidential

Client Name: _____
Last First Middle

Home Address: _____ DOB: _____

City / State / Zip: _____ Age: _____

Email: _____ Occupation: _____

Phone (at least one): _____
Mobile Home Work

Emergency Contact: _____
Name Relationship Phone

How did you hear about Hottie Pilates? _____

What are your fitness/rehabilitation goals? *Be specific*

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

Please provide us with any other information that you feel is relevant to obtaining the best service and care



PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Circle 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 space at bottom of form to expand* Yes No

Do you have (circle if applicable):

Heart Condition

High Blood Pressure

Diabetes

Asthma

Arthritis

Scoliosis

Any injury _____

Recent Surgeries _____

How often do you exercise now?

Daily

2-4x week

1-2x week

1-3x month

Never

Any other comments that you believe are relevant?

I certify that the above statements and information are true and correct.

Signature

Date



STUDIO GUIDELINES

Book all appointments on line.

Please silent your cell phones.

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 before your session/class

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

Attire:

Women - long non-flared workout pants, capri pants; NO shorts, midribs or sport bra tops; long workout tanks are preferred; we discourage all kinds of jewelry, including body piercing jewelry- we have continuous contact with equipment and this poses self injury; bracelets and necklaces will get caught in the equipment

Please do not wear strong perfumes, suntan creams and lotions

Men - wear long shorts or under armour underneath shorts; NO muscle shirts allowed

In case of bad weather, Hottie Pilates studio will adhere to the decisions made by Lake Travis ISD. Clients will not be charged for NO shows on days that Lake Travis schools are closed to due extreme weather conditions.



MEMBERSHIP & RESERVATION POLICY

There will be a one-time, non-refundable sign up membership fee of \$50.00.

Each client will book their appointments on line.

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

Please see Cancellation Policy below concerning scheduled appointments.

We do our very best to honor your request for instructors. On occasion, it will be necessary to provide a substitute instructor for a session. Please note that clients are still responsible for their scheduled appointments when substitutions are made.

A class may be cancelled due to low enrollment.

PAYMENT INFORMATION

We accept cash, checks, Visa and MasterCard. NO American Express or Discover

A \$25 fee for returned checks will apply.

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 our 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.



HOTTIE PILATES, LLC
AGREEMENT OF RELEASE AND WAIVER OF
LIABILITY

I wish to utilize the services and facilities of HOTTIE PILATES, LLC, Bee Cave, 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, BEE CAVE, 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: _____

Name: _____ Address of Participant: _____ Phone: _____

Email: _____

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

Signature of Participant: _____

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