



Welcome to Trillium Pilates Studio!
Please assist us by filling out the following information:

Date: _____

Last Name _____ First Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ DOB _____

Email _____

Current Injuries (explain) _____

Surgeries performed in last 10 years? _____

Fitness goals _____

PLEASE READ AND ACKNOWLEDGE THE FOLLOWING:

To obtain the best results from your Pilates lessons, it is your responsibility to determine whether your physical health permits your participation in our program. When you present yourself at our studio, we must assume that you have already determined that no medical reasons exist to prevent your participation. You are exercising at your own risk, and voluntarily assume all risks which are inherent in any exercise program, hereby releasing Trillium Pilates, LLC and all instructors from any liability resulting from harm incurred during or after instruction.

Because we do not offer refunds, please be certain of any package you choose to purchase. Your sessions, however, do not expire.

Any appointments canceled without 24 hour notice will incur a full charge.

Signature _____

Date _____