



PATRIOT PILATES
LOCKPORT, IL PILATES STUDIO

Client Intake Form & Liability Waiver

Patriot Pilates: 610b Maryknoll, Lockport, IL 60441
815-310-0476

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number (home): _____ (cell): _____

(work): _____

Email: _____

Birthday (month/day/year): _____

Emergency Contact (name): _____

(relationship): _____ (phone number): _____

Personal Physician: _____ Phone Number: _____

Accident History: _____

Anything that could affect your work with us: _____

List all injuries/medications: _____

How did you hear about Patriot Pilates?: _____

Signature: _____ Date: _____



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Patriot Pilates
Marisel Rimkus & Company
Waiver, Release, and Assumption of Risk Form

I, _____, have volunteered to participate in a fitness program provided to me by Patriot Pilates, which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Patriot Pilates' agreement to instruct and train me, I do hear now and forever release and discharge and hereby hold harmless Patriot Pilates and her respective agents, heirs, assigns, contractors, and employees for any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from. THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO PATRIOT PILATES OR MYSELF THAT MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION; (4) THE BUSINESS SUPPLYING MY SERVICE, AND THE BUILDING ARE FREE OF ANY FAULT.

I, _____, have been informed of, understand and am aware that any exercise program, whether or not requiring the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity or death.



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I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If

I, _____, have chosen not to obtain a physician's consent prior to beginning this fitness program with Patriot Pilates, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercise in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST PATRIOT PILATES FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

Participant's Signature: _____ Date: _____

Participant's Printed Name: _____

Parent/Legal Guardian Signature (if participant is under 18): _____

Parent/Legal Guardian's Printed Name: _____