

11431 State Highway 1  
Point Reyes Station  
415-755-5723



Audrey Piper  
Pilates Teacher  
audrey@enjoy-pilates.com

**Enjoy PILATES Client Information**

Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Emergency Contact Name & Telephone #: \_\_\_\_\_

Your age today: \_\_\_\_\_

List/explain all injuries and medical conditions that may affect your participation in Pilates training:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Studio Policies**

**Cancellations**

You may cancel an appointment with a minimum of 24 hours' notice. The 24 hour notice is required to avoid being charged.

For all those taking Duet sessions, it is the same as above AND you must notify your partner at least 24 hours in advance of cancellation to avoid being charged for the full cost of the session.

Kindly avoid using body lotion or scents prior to your session. Clothing should be free of zippers, buttons and snaps or other attachments which might damage the equipment.

**Agreement of Release & Waiver of Liability**

1. I will receive information and instruction while participating in sessions offered by Audrey Piper, Enjoy Pilates. I recognize that sessions will require physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand it is my responsibility to consult with a physician prior to and regarding my participation in sessions. I represent and warrant that I am physically fit and have no medical conditions that would prevent my full participation in sessions.
3. I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I may incur as a result of participating in sessions.
4. I knowingly, voluntarily and expressly waive any claim that I may have against Enjoy Pilates, Audrey Piper for injuries or damages that I may sustain as a result of my participation.
5. Heirs, my legal representatives and I forever release and waive any liabilities against Enjoy Pilates, Audrey Piper for any injury or death incurred by my voluntary participation in sessions.

**I HAVE READ THE ABOVE INFORMATION ENTIRELY AND FULLY UNDERSTAND ALL. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.**

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_