



Client Information

Today's Date: _____
MM / DAY / YEAR

Personal Details:

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: M F
MM / DAY / YEAR

Address: _____ Apt or Unit #: _____

City: _____ State: _____ Zip Code: _____

Cell: _____ Home: _____ Work: _____

Email: _____

Profession: _____

Emergency Contact: _____ Relationship: _____

Emergency Phone Number: _____

How did you hear of our studio? Check all that applies:

- Referred by Friend of Family (Name): _____
- Internet Search (Google, Yahoo etc.): _____
- enCore flyer (where?): _____
- Drive By / Park Bench on US1 _____
- Advert in Publication _____
- Anywhere else?: _____

Client Medical Information:

Are you taking any medications? **Yes / No** If yes, please list medication names(s) and side effects.

Are you currently under the care of a physician or therapist? **Yes / No** If yes, has your physician/therapist given you any activity restrictions? Do you have or need consent to exercise?

Do you currently have (or do you have a history of) any of the following conditions?

YES	NO	Pre-Existing Conditions	Describe onset/duration/severity/location
		Lower back problems	
		Upper back problems	
		Neck Problems	
		Disc Problems (what levels)	
		Scoliosis	
		Sciatica	
		Diabetes	
		Stroke	
		Dizziness / Vertigo	
		Hip, knee, ankle, foot issues	
		Shoulder, elbow, hand issues	
		Tendon, ligament, muscle issues	
		Joint replacement	
		Arthritis (what type)	
		Osteoporosis	
		High/Low blood pressure	
		Neurological conditions, MS...	
		Car accident resulting in injury	
		Are you pregnant	
		Abdominal surgery or hernia	
		Other:	

PLEASE READ CAREFULLY! THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS.

In consideration of being allowed to participate in any way in the enCore Pilates of Fort Lauderdale, Inc. program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved with enCore Pilates and its equipment and instruction as well as the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. You are encouraged to consult with a physician before beginning any exercise or other type of program offered by enCore Pilates of Ft. Lauderdale, Inc.
2. I will follow the instructions of the Releasees, its Staff and Instructors and shall also obey the instructions on any equipment in the premises.
3. I knowingly, voluntarily and freely assume all risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation.
4. I willingly agree to comply with the stated and customary terms and conditions of exercise programs for participation. If, however I observe any unusual significant hazards during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Staff member immediately.
5. I, for myself and on behalf of my heirs, assigns and personal representatives, hereby release and hold harmless enCore Pilates of Fort Lauderdale, Inc., its officers, shareholders, officials, agents, Instructors and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE

DATE

PARTICIPANT'S NAME / PRINT

Cancellation Policy:

12-hour advance notice is required to change or cancel an appointment without charge. Appointments may be cancelled by phone, email or in person.

Refund Policy:

All pre-paid Pilates, Xtend, Yoga and Zumba classes are fully transferable with 12-hours notice, but non-refundable.

No shows and late cancellations will be fully charged for their session/class.

Unused retail merchandise may be returned within 15 days of purchase for a refund, when accompanied with a receipt. Items returned without receipt will be for exchange only.

Refund will be paid in the same method as the original purchase.

General studio policies:

enCore Pilates of Fort Lauderdale, Inc. strongly recommend that clients who are new to Pilates equipment should begin with an introduction class or private / semi-private session. This will include an introduction on how to properly use the equipment and an evaluation of your needs to develop a program that is right for you.

Please schedule your group classes in advance. Walk-ins are welcome space permitting.

All private and semi-private sessions are not available on the website and must be scheduled by phone, email or in person.

All private, semi-private sessions and group classes must be paid in full at the time of booking. In the event that you have a package, a class will be deducted from your package at the time of booking.

Classes and Instructors are subject to change.

All clients are required to read and sign the enCore Pilates of Fort Lauderdale Waiver and Release prior to their first class or session.

Clients must wipe down the equipment when their session is over.

Cell phones should be turned off in the studio.

enCore Pilates of Fort Lauderdale, Inc. is not responsible for any lost, stolen or misplaced items.

Expiration policy:

All packages expire 12 months from date of purchase with the exception of the one month unlimited package, which expires 30 days after the date of purchase and the weekly unlimited package, which expires 7 days after the date of purchase.

Clients are responsible for package expiration.

The studio policies are subject to change without notice.

I HAVE READ THE ENCORE PILATES OF FORT LAUDERDALE, INC. STUDIO POLICIES AND FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE

DATE

PARTICIPANT'S NAME / PRINT