



**PERSONAL INFORMATION**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_ Sex: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_ E-mail: \_\_\_\_\_

How would you like to be contacted? (Please check) Email \_\_\_ Phone \_\_\_ Text \_\_\_ Carrier for Text: \_\_\_\_\_

In case of emergency: Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INFORMATION AND HISTORY**

Please select Yes or No and explain any Yes answers on the back of this form:

- 1) History of heart problems, chest pain or stroke .....  Yes  No
- 2) Increased blood pressure .....  Yes  No
- 3) Is your doctor currently prescribing anything for blood pressure or heart condition ...  Yes  No
- 4) Any chronic illness or condition .....  Yes  No
- 5) Difficulty with physical exercise .....  Yes  No
- 6) Advice from physician not to exercise .....  Yes  No
- 7) Recent surgery (last 12 months) .....  Yes  No
- 8) Pregnancy (now or within the last 3 months) .....  Yes  No
- 9) History of breathing or lung problems.....  Yes  No
- 10) Muscle, joint, or back disorder or any previous injury still affecting you.....  Yes  No
- 11) Hernia or any other condition that may be aggravated by resistance training.....  Yes  No
- 12) Do you know of any other reason why you should not do physical activity.....  Yes  No

List regular exercise or any past Pilates/Gyrotonic/Barre training: \_\_\_\_\_

\_\_\_\_\_

Are you presently doing other kinds of therapy? (massage, physical therapy, chiropractic): \_\_\_\_\_

\_\_\_\_\_

What does your typical day involve physically? (sitting, lifting, etc.): \_\_\_\_\_

What are your goals? What do you want most from this program? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



REGISTRATION/WAIVER

Please Print Name of Participant (First and Last): \_\_\_\_\_

**INFORMED CONSENT FOR EXERCISE PARTICIPATION** I desire to engage voluntarily in an exercise program given by Pushes and Pulls, LLC in Salem, Oregon. I understand that the activities are designed to place a gradually increasing workload on the body in order to improve overall fitness. I understand that I am responsible for monitoring my own condition throughout my workouts and should any unusual symptoms occur, I will cease my participation and inform the staff of the symptoms.

In signing this consent form, I affirm that I have read, accept and understand this form in its entirety and that I understand the nature of exercise. I know that there may be risks associated with fitness classes and willingly accept those possibilities. I know that it is my responsibility to ensure my own safety. I take full responsibility for my own health and safety in participating in the fitness class and to the extent I deem advisable, will consult a physician before participating in any of the activities. I agree to pay all reasonable costs related to the classes, including any medical costs I incur.

**AGREEMENT AND WAIVER / RELEASE OF LIABILITY** In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from any and all liability to Pushes and Pulls, LLC, their elected and appointed officials, employees, students, agents, and volunteers for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me.
2. Indemnify and hold harmless Pushes and Pulls, LLC, their elected and appointed officials, employees, students, agents, and volunteers, from any and all liabilities or claims made by other individuals or entities as a result of or relating to my participation in this activity.

Therefore, intending to be bound and as a condition of being allowed to participate in the fitness class, I have freely signed this waiver on the date indicated.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (Required if under 18 years old): \_\_\_\_\_

Print Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_ I have received Pushes and Pulls Policy page



**Pushes and Pulls, LLC is committed to creating an inviting and inspiring atmosphere in which you can unwind and focus on YOUR goals! To do this we ask the following:**

- So that we may best serve you, please arrive at least 10-15 minutes early for your first session to fill out our new client forms. *These can also be downloaded and printed from our website.*
- Unless otherwise noted, all sessions are 50 minutes. If you are late to your private or duet, the instructor must still end the session at the originally scheduled time. We cannot extend sessions to accommodate late arrival.
- Please arrive on time for group classes. Out of respect for other class participants and for your safety, we cannot admit clients to class more than 15 minutes after the start of class.
- Please turn your cell phone to silent. Should you need to make or take a call, please step into the hall.

**Studio Attire:**

- You may find your body in precarious positions, so for your modesty (and ours) we recommend fitted, secure, comfortable, non-see through workout attire. Men please wear supportive gear.
- Sticky socks are required for all private and group classes. No shoes or regular socks, please.
- Jewelry is not recommended. It may catch in the springs, or you may forget and leave it in the studio.
- Please refrain from wearing strong fragrances at the studio.

**Payment:**

- We accept cash, good checks and Visa/MasterCard/American Express/Discover (there is a \$50 fee for returned checks).
- Packages expire 6 months from date of purchase. Packages are nonrefundable, but they are transferrable.

**Cancellation Policy/Schedule Change Policy:**

- We have a 24-hour cancellation policy. If you cannot make your reserved session, you must cancel at least 24 hours in advance or you will be charged the full amount. This is a courtesy to the instructors who must be paid for the sessions they're scheduled, and to other clients who might want to schedule a session at that time.
- There will be no charge for a cancelled session if another time can be worked out within the next 2 days (subject to the availability of the instructor).

**Safety Concerns:**

- As per the waiver, you must let Pushes and Pulls, LLC know about pertinent health issues or anything you think may affect your workout with us.
- If your condition changes - for instance, if you become pregnant or suffer even a minor fall, please let us know so that we may provide the best possible service for you.
- All fitness equipment has its safety concerns, especially if used improperly. Please do not use equipment without your instructor present.

**Other important things that you need to know:**

- Disinfectant and towels are supplied to clean the mats and equipment. Always remember to clean your mat and props after your session. Thank you for helping us keep our studio clean for all of our clients!
- Parking can be found on the street or in the parking lot behind the building.
- Although the studio is not responsible for lost or stolen items, please feel free to store your belongings in a cubbie or keep them with you.

*To reach us, please contact us (503)385-8445 or [info@PushesandPulls.com](mailto:info@PushesandPulls.com). We are ready and willing to answer your questions regarding our services and facility!*