

# Participation Consent and Release Form

**Authentic Pilates Los Gatos**

8 Station Way, Los Gatos, CA 95030 • 408.335.5761 • [www.authenticpilateslosgatos.com](http://www.authenticpilateslosgatos.com)

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

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

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

Phone: \_\_\_\_\_

City/State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

## 1. INFORMED CONSENT FOR PARTICIPATION IN EXERCISE PROGRAM

I \_\_\_\_\_ am voluntarily entering upon or using Authentic Pilates Los Gatos' premises, facilities, equipment, and services, and participating in the Studio's activities. I wish to participate in the Authentic Pilates Los Gatos program, which consists of isotonic body conditioning exercises to improve joint range of motion & flexibility, muscular strength, endurance, and tone.

## 2. WAIVER OF LIABILITY

I waive any and all claims for myself, my heirs, my executors and administrators against Authentic Pilates Los Gatos, Lindsey G. Jellinek (owner), its employees and/or participants for any and all injuries that are directly or indirectly a result from my participation in the Authentic Pilates Los Gatos program. I attest that I have full knowledge of the risks involved in an exercise program, I am sufficiently healthy to participate, and I have no known health restrictions or conditions that might jeopardize my safety or health or the safety or health of others during the use of the Studio's premises, facilities, services, equipment, and/or participating in the Studio's activities.

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

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

## 3. MEDICAL INFORMATION

All clients are required to provide their own medical coverage.

Please state any health conditions, afflictions, or physical injuries (e.g. car accidents, hip replacement, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Emergency Contact Information

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

Phone: \_\_\_\_\_

I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS AGREEMENT, UNDERSTOOD IT AND AM AWARE THAT IT CONTAINS A WAIVER OF LIABILITY AND RELEASE AND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE, BY SIGNING THIS **PARTICIPATION CONSENT AND RELEASE FORM**.

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

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

## 4. APLG'S 24-HOUR CANCELLATION POLICY

APLG has a 24-hour cancellation policy for all scheduled sessions and classes. You will be charged for your session unless you call to cancel your scheduled session at least 24-hours in advance.

\_\_\_\_\_ Please initial you have read and agree to APLG's 24-hour cancellation policy.