

Client Name: _____

Today's Date: _____



Bria Pilates & Wellness Studio Personal History Form
Please be advised that all information is kept strictly confidential.

CLIENT INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Business/Cell phone: _____

E-mail Address: _____

Do you wish to receive e-mail confirmation of your appointments? Yes No

Date of Birth _____

Emergency Contact Name: _____

Emergency Contact Phone: _____ Relationship: _____

Employer: _____ Occupation: _____

CURRENT PHYSICIAN

Name: _____ Phone #: _____ Fax #: _____

Address: _____

OTHER...

How did you hear about Bria? _____

Why did you choose to train at Bria instead of another organization? *Check all that apply:*

Location Cost Customer Service Word of Mouth Programs Other _____

Which radio station(s) do you listen to? _____

Which local magazine(s) do you read? _____

What would encourage you to continue training with Bria? _____

Primary Reason for Visiting: _____

RELATIONSHIPS:

Referred by: _____ (bria client) Related to: _____

Pays for: _____ (bria client)

Age: 10-20 20-30 30-40 40-50 50-60 60-70 70-80

Group Level: Fundamental Level 1 Level 2 Level 3

Neighborhood: _____

HEALTH HISTORY

Have you surgery in the last 6 months?

If yes, describe: _____

Have you been pregnant?

Given birth how many times? _____ Cesarean Births? _____

Do you smoke? If yes, how much/often? _____

Check if you currently have or previously had the following medical conditions:

- | | | |
|--|--|--|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> High/Low blood pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis | <input type="checkbox"/> High cholesterol |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Current pregnancy | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Pacemaker | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Recent Surgery | <input type="checkbox"/> History of Seizures | <input type="checkbox"/> Osteoporosis |
| <input type="checkbox"/> Bone/Joint disorder | <input type="checkbox"/> Joint replacement _____ | <input type="checkbox"/> Medications |

Medication: _____ Dose: _____ Condition: _____

Medication: _____ Dose: _____ Condition: _____

Medication: _____ Dose: _____ Condition: _____

Have you injured any of the following? *Check all that apply:*

- | | | |
|-----------------------------------|--------------------------------|---------------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Elbow | <input type="checkbox"/> Upper back |
| <input type="checkbox"/> Wrist | <input type="checkbox"/> Knee | <input type="checkbox"/> Lower back |
| <input type="checkbox"/> Shoulder | <input type="checkbox"/> Hip | <input type="checkbox"/> Other: _____ |

How would you rate your level of stress on a daily basis?

- Low Moderate High

How would you rate your general health?

- Unhealthy Average Health Very Healthy

Estimate how many hours of sleep you get each night: _____

What position are you in while working? Standing Sitting Walking Bending
 Lifting # lbs _____ Frequency _____ Other _____

Have you undergone or are you currently undergoing:

Physiotherapy Chiropractic Massage Therapy Acupuncture Physical Therapy
 Other _____ If yes, why? _____

EXERCISE HISTORY

What is your current exercise level?

None 2-3 times per week 4-5 times per week

Please describe: _____

Are there any activities you can't do now as a result of injury?

Have you had any past training in Pilates? Yes No

If yes, when and where? _____

Have you been exercising consistently for the past 3 months? Yes No

What if anything stopped you in the past? _____

On a scale of 1-10, how would you rate your present fitness level? (1= Worst 10= Best)? _____

PERSONAL GOALS:

Number the following exercise benefits according to their importance for you.

(1= most important, 10= least)

Weight Loss _____ Stress Reduction _____ Increase Flexibility _____

Increase Strength _____ Posture _____ Spinal Rehabilitation _____

Cardio Conditioning _____

What are your specific goals for Pilates? _____

Print Name: _____

Signature: _____

Date: _____

**Bria Pilates
Liability Waiver**

I am participating physical activity at Bria Pilates & Wellness Studio which may include, but is not limited to Pilates and physical fitness. I recognize that any physical activity may be strenuous and may cause injury, and I am fully aware of the risks and hazards involved in such activity, and assume full responsibility for these risks.

I knowingly, voluntarily, and expressly waive any claim I may have against Bria Pilates and Personal Training for injury or damages that I may sustain as a result of participating in these activities.

Myself, my heirs, and legal representatives forever release from liability, waive, discharge, and covenant not to sue Bria LLC, Bria studio, Bria's owners and its agents for any injury or death caused by any negligent act or omission.

I have read the above waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

I acknowledge that I may have a copy of this waiver at my request.

Signature: _____ Date: _____

Jump Board Class Liability Waiver

Jump board classes involve high intensity cardiovascular activity. By choosing to participate in these classes, I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation.

I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Jump Board classes. If I have any existing medical condition, I have been cleared by my doctor to participate in activities at Bria. I have included my doctor's statement of approval and I have explained the details below.

In consideration of being permitted to participate in these classes, I agree to assume full responsibility for any risks, injuries, or damage, known or unknown, which I might incur as a result of participating in these activities or as a result of negligence.

I have read the above release form and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

I acknowledge that I may have a copy of this waiver at my request.

Signature: _____ Date: _____



Bria Pilates
Client Agreement

Payments: In consideration of Bria and its practitioners, you authorize Bria to keep a credit card on file. If you have not pre-paid for a class or session, you will be responsible for payment immediately, and you authorize Bria to charge your credit card on file for unpaid sessions.

Forms: You will complete and sign a Health History form, Liability Waiver, Client Agreement, and other necessary forms prior to the commencement of any session. Forms and files are updated annually and/ or as needed.

Rates: Session rates are posted and are subject to change periodically. Please watch for postings and updates via in-studio signs and emails.

Punctuality: Sessions will begin at scheduled times and run for the duration of the appointment. You are expected to arrive on time for your appointments. Arriving late will decrease the length of your session. Students who arrive more than 15 minute late for classes will not be allowed to enter class.

Appointment Cancellation: We respectfully require 24 hours notice when canceling or rescheduling private and semi-private Pilates sessions. If proper cancellation is not received you will be charged for the reserved session.

Group Class Cancellation: We respectfully require 24 hours notice when canceling group class reservations. If you cancel or no show you will forfeit a class or, if you hold a membership you will be charged \$20.

Sales: All sales are final. Memberships and multi-session packages are non-transferable. Memberships renew automatically per agreement.

Scheduling: Group classes and private Pilates sessions may be scheduled online using our web based scheduling system via www.briaseattle.com, in person or by phone (206) 781-4576.

I understand and agree to the policies stated above. I acknowledge that I may have a copy of this Agreement at my request.

Signature: _____ Date: _____