



circle studio

(This form is 4 pages)

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home: () _____ - _____ Cell: () _____ - _____ Work: () _____ - _____

Email: _____ Occupation: _____

Date of Birth: ___/___/___ Age: _____ Height: ___ ft. ___ in.

Emergency Contact: _____ Relationship: _____

Phone: () _____ - _____ How did you hear about us? _____

Goals

Describe any lifestyle behaviors or health/physical goals that you would like to achieve:

Health/Background

Have you taken a Pilates or GYROTONIC® class before? Yes/No

If yes, please explain past experiences including length of experience, instructor, & type of class:

Do you currently exercise? Yes/No

If yes, describe your current regimen:

Health/Background (continued)

Do you have any concerns about your current exercise regimen? Yes/No

If yes, please explain:

Do you have any present or past injuries, or ongoing conditions which impact your ability to exercise?

Yes/No

If yes, please explain:

Are you currently under a health provider's care? Yes/No

If yes, for what reason, and are there any restrictions on your ability to exercise?

Are you currently taking medications or nutritional supplements? Please identify so we can assess any impact on your ability to perform Pilates or GYROTONIC®.

Please mark below and describe, if necessary, any condition you have experienced, are presently experiencing, or have had recent treatment for. Indicate whether it is a past (P) or current (C) condition and date:

Cancer- No Yes: P/C _____ **Pregnancy-** No Yes: P/C _____ **Smoker-** No Yes: P/C _____

Heart Attack/Cardiac Condition or Disease- No Yes: P/C _____ **Diabetes-** No Yes: P/C _____

High Blood Pressure- No Yes: P/C _____ **Depression/ Mental Illness-** No Yes: P/C _____

Orthopedic Problems- No Yes: P/C _____ **Auto Immune Disorder-** No Yes: P/C _____

Chronic Pain (describe below)- No Yes: P/C _____ **Surgery (describe below)-** No Yes: P/C _____

Policies & Procedures

Please initial next to each of the following sections to verify that you have read and understand the policies of Circle Studio.

Cancellation/ Rescheduling Policy:

Cancellation and rescheduling of all classes and independent workouts must be done within 24 hours of the session start time or you will be charged the full price of the session. **It is important that you understand and agree to this policy, as we do adhere to it.** _____

Duet/ Trio Cancellation Policy:

All duets must be upgraded to a private session if one partner cancels 24 hours in advance. If a partner cancels within less than 24 hours, the attending partner will still receive the duet session rate. Non-designated, or independently formed, trios must be upgraded to a duet or private when a participant(s) cancels 24 hours in advance. Our studio designated trio classes are set in price regardless of the number of attendees, and can be found on our group class schedule. _____

Expiration Policy:

Packages expire 18 months from purchase date. It is your responsibility to know and abide by the expiration, but the front desk is happy to provide this information for you if needed. _____

Refund/ Transfer Policy:

We do not offer any refunds on purchased packages. However, you can transfer the balance on your account to another person of your choice for a \$25 administrative fee. The package must still be used within the original 18-month expiration from purchase date. _____

Late Arrival Policy:

Please call or email us if you are going to be late for your session. Instructors are free to go after 20 minutes of the allotted session time has passed if a client is not accounted for, has not made contact, or been contacted. _____

Inclement Weather Policy:

Circle Studio observes the Portland Public School District 1 Severe Weather Closure Policy. If Portland Public Schools close due to weather, Circle Studio will allow cancellation of appointments with less than 24 hours notice without charge. Please tune in to local radio or television news to be notified of school closures. You may also log on to www.pps.k12.or.us/info/weather/ to find the latest information.

In the event of delayed school openings or early closures as mandated by the school district, Circle will adhere to the 24 hour cancellation policy for all appointment times scheduled outside of the district's designated late start/early close. If you are uncertain, if school is not in session because of winter break, holidays, or weekends, please call the studio. A recorded voicemail will notify you of any changes in studio hours. While we are understanding of your individual circumstances, the 24 hour cancellation policy will be enforced as long as the Portland Public School District 1 and Circle Studio remain open. _____

By signing this form, I am agreeing to adhere to all of the above policies stated by Circle Studio Inc.

Signature: _____

Date: _____

Informed Consent for Exercise and Participation in Classes

CAUTION: Read this document carefully. By signing it, you are voluntarily giving up certain valuable rights to sue Circle Studio Inc. and its instructors for personal injuries that you may suffer as a result of participating in Circle Studio Inc. classes and training.

I, _____, desire to participate in Circle Studio Pilates/ GYROTONIC®/ training classes. I understand that there are inherent risks and dangers related to participating in any exercise class, including Circle Studio's classes, and I voluntarily and freely choose to assume any such risks.

In consideration for being allowed to participate in classes or training sessions at Circle Studio Inc., I hereby release completely and forever discharge Circle Studio Inc. and its instructors and members from any and all loss, claim, liability, expense, demand, action for any claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the exercise classes, programs, and equipment offered by Circle Studio Inc.

This assumption of risk and release of liability is effective on the date of my first session with Circle Studio Inc. or the date set forth below and will continue unless I revoke it in writing delivered to Circle Studio Inc. I have read the above before signing it. I am 18 years of age or older (if you are under the age of 18, a parent or legal guardian must also sign and date below).

Signature of Participant: _____

Date: _____