



201 S. Highland Avenue, Suite 103  
Pittsburgh, PA 15206  
412.441.1100  
www.movewithharmony.com

### Client Intake Form

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE:** Home \_\_\_\_\_ Daytime (work) \_\_\_\_\_

Cell \_\_\_\_\_ E-mail address \_\_\_\_\_

**AGE** \_\_\_\_\_ **BIRTHDATE** \_\_\_\_\_ **OCCUPATION** \_\_\_\_\_

**GOALS:** Please list three of your goals so that we can help you to achieve them.

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

**MEDICAL HISTORY:** Please check if you have or have had any of the following.

- High blood pressure       Diabetes       Cancer       Glaucoma
- Low blood pressure       Asthma       Herniated disc       Fibromyalgia
- Heart Disease       Arthritis       Osteoporosis       Back pain
- Phlebitis       Dizziness/Vertigo       Neck injury       Allergies:

Currently under the care of a physician for:  
Other

\_\_\_\_\_

**SURGERY:** Please list any surgeries you have had and the approximate date.

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

**MEDICATION:** Please list any medication(s) that you are currently taking.

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

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

**NEURO-MUSCULAR PROBLEMS:** Please describe any muscle, joint or nerve pain /discomfort you are experiencing; briefly describe its onset; and other forms of treatment you have received.

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I AGREE TO THE FOLLOWING TERMS AND CONDITIONS FOR PARTICIPATION IN AN EXERCISE PROGRAM AT HARMONY PILATES STUDIO

**24 HOUR CANCELLATION POLICY**

I agree to pay for any missed appointments or any session canceled with less than 24 hours advance notice. *(If Harmony Pilates Studio is able to schedule another client for your canceled appointment, you will not be charged for the missed lesson.)*

**RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in the Harmony Pilates Studio program, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in this 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; and,
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releasees or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Harmony Pilates Studio, their officers, officials, agents 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 THE TERMS AND CONDITIONS FOR PARTICIPATION INCLUDING THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND 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

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE  
(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

\_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

EMERGENCY PHONE: \_\_\_\_\_