



STUDIO WAIVER & New Client Information

Full Name _____ Date of Birth _____

Local Address (city state zip) _____

Email _____ Circle YES / NO to receive our newsletter
with updates and health news! Your email address will never be shared or sold.

Cell# _____ Cell Carrier _____ Home# _____

Emergency Contact (name, relationship, phone) _____

Medical History (Please list all health conditions, injuries, surgeries & medications) _____

Yoga/Pilates history (If new to either, what are your interests, concerns, or questions? If you practice, please share how
long & type practicing) _____

Welcome to Pure Balance! Please read this STUDIO WAIVER, initial, and sign.

____ I understand there is an inherent risk associated with any exercise program including my voluntary participation in
yoga or Pilates that may result injury. The exercises related to yoga and Pilates will challenge my cardiorespiratory and
musculoskeletal systems associated with: the aerobic, anaerobic, strength, power, agility, flexibility, and breathing
components of the program. I understand and am aware that the components of exercise/yoga/Pilates are potentially
hazardous activities and may cause injury.

____ I understand that I may receive assists or adjustments to enhance or correct my body posture during class by the
instructor. I will take accountability for alerting the instructor of any injury or impairment in advance before class begins
or if I do not want to receive any assists.

____ I acknowledge that I have either had a physical examination and/or have been given permission from my physician
to participate in a yoga and/or Pilates based exercise program or that I have decided to participate in an exercise
program voluntarily and without the approval of my physician and do hereby assume all responsibility for my
participation in any exercise or activity associated with Pure Balance.

____ I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or any
other illness that would prevent my participation or increase my risk of injury and/or illness as a result of partaking in
any exercise/yoga/Pilates program.

____ I, my heirs, or legal representatives, do hereby waive and release Pure Balance, its instructors, and employees from
any and all liability and responsibility from injury, accident, illness, legal, and medical fees sustained now or in the future
resulting from my participation in any activity or use of equipment.

____ I understand that Pure Balance will provide an area for personal belongings to be held during class; however, I
agree that Pure Balance is in no way responsible for the loss or damage of any of my belongings while I attend class.

____ I understand that there is no childcare provided on the premises.

I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand
that I am giving up my right to sue Pure Balance, its instructors, and employees. I acknowledge that I am signing this
agreement voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest
extent allowable by law.

Print Name _____ Date _____

Signature _____

Names of any minors participating in class _____

How did you hear about us? _____