



## CLIENT REGISTRATION

*All client information is considered private and confidential*

Client Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_ Age: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Sex:  Male  Female

City / State / Zip: \_\_\_\_\_ Referred by: \_\_\_\_\_

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

Phone (at least one): \_\_\_\_\_  
Mobile Home Work

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

Primary Care Doctor: \_\_\_\_\_  
Name Phone Fax

How did you hear about Hottie Pilates? \_\_\_\_\_

What are your fitness/rehabilitation goals? *Be specific*

What are your current fitness activities? (walking, biking, running, weight training, golf, tennis, etc)  
*Please indicate frequency*

Please provide us with any other information that you feel is relevant to obtaining the best service and care



## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Circle One

Has a doctor ever said that you have a heart condition? Yes No

Do you frequently suffer from pains in your chest? Yes No

Do you often feel faint or have severe dizzy spells? Yes No

Has your doctor ever told you that you have high blood pressure? Yes No

Has your doctor ever told you that you have a serious bone or joint problem that could become aggravated by exercise? Yes No

Do you have any other restrictions that would prevent you from participating in any physical activity? *If yes, use space at bottom of form to expand* Yes No

Do you plan on consulting your physician before increasing your physical activity? Yes No

How often do you exercise now? Daily 2-4 x week 1-2 x week 1-3 x month Never

### OTHER

Heart Condition	Yes	No	_____
High Blood Pressure	Yes	No	_____
Diabetes	Yes	No	_____
Asthma	Yes	No	_____
Arthritis	Yes	No	_____
Scoliosis	Yes	No	_____
Current Injuries	Yes	No	_____
Recent Surgeries	Yes	No	_____

Please expand on any items above that you feel would help us better understand your physical weaknesses or limitations.

I certify that the above statements and information are true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## STUDIO GUIDELINES

- Arrive at least 10 minutes prior to your session  
*It is imperative that you are not late to the session. Being late is disruptive and discourteous to the instructor and to the other clients in the session.*
- Sign in before each session (either a sign in sheet or computer terminal will be available)
- Cell phones are not allowed in the workout area and ALL ringers must be turned off.
- Please keep conversation levels low due to multiple pilates and physical therapy appointments
- Only water is allowed on the workout floor. No sport drinks.
- Bring your own towels to each session.
- Shoes are not allowed on workout floor. Bare feet or socks please.
- Due to health department guidelines concerning staph infections, please clean hands and feet with provided wipes before your session.
- Please wipe down your equipment with provided cleaning supplies after each session
- Attire:  
Women - wear standard workout clothes  
Men - wear long shorts or biker shorts underneath shorts
- Please do not wear strong perfumes, lotions or jewelry.  
*Bracelets and necklaces can get caught in the equipment.*
- In case of bad weather, the Hottie Pilates studio will adhere to the decisions made by Lake Travis ISD. Clients will not be charged for no shows on days that Lake Travis schools are closed to due extreme weather conditions.



## MEMBERSHIP & RESERVATION POLICY

- There will be a one-time, non-refundable membership fee of \$50.00.
- We encourage each client to book their appointments online. Should you need assistance, please call our office at 512.992.1790 or [Janice@hottie-pilates.com](mailto:Janice@hottie-pilates.com). You will be contacted to confirm your reservation.
- Once your appointment is booked online or confirmed by the office, it is a scheduled appointment. *Please see Cancellation Policy below concerning scheduled appointments.*
- We do our very best to honor your request for instructors. On occasion, it will be necessary to provide a substitute instructor for a session. Please note that clients are still responsible for their scheduled appointments when substitutions are made.
- Inconsistent attendance for standing appointments may result in the loss of your regular appointment time slot.
- A class may be cancelled due to low enrollment.

## PAYMENT INFORMATION

- We accept cash, checks, Visa and MasterCard.
- A \$25 fee for returned checks will apply.

## HOTTIE PILATES CANCELLATION POLICY

Hottie Pilates adheres to a strict cancellation policy. We understand there are times when a client cannot attend a scheduled appointment. However, because instructors and other clients rely on their scheduled appointments, it is necessary to enforce the following policy concerning cancellations.

Clients who cancel within 24 hours of their scheduled appointment will be charged in full. This will be considered a "Late Cancel" or "No Show."

Clients who "Early Cancel" their scheduled appointments at anytime will be charged 50% of their session fee.

Please check your calendar and personal appointments before scheduling or booking on line. Clients have the flexibility to last minute book. All standing appointments are booked one month at a time. Please note that clients cannot "reschedule," "move," "make-up," or provide substitutes for their appointments.

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Initial



## HOTTIE PILATES, LLC AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I wish to utilize the services and facilities of HOTTIE PILATES, LLC, Bee Cave, Texas.

In consideration of using the said services and facility of HOTTIE PILATES, LLC, I hereby agree to the fullest extent permitted by law, to forever release, indemnify, defend and hold harmless HOTTIE PILATES, LLC and its respective officers, directors, owners, personnel, agents, contractors and employees, (collectively the "Release Parties") from and against any and all actions, costs, claims, losses, expenses and/or damages, including attorney's fees, that I (or the below-mentioned minor) might otherwise have or be entitled to assert as a result of or related to any physical injury or otherwise, including without limitation to death or in the future for any personal injuries and/or property damage or loss sustained in connection with any uses (or the below-mentioned minor's use) in any matter resulting from my use of the services and facilities of HOTTIE PILATES, LLC, including, without limitation, claims and causes of action based on negligence, breach of warranty or breach of contract. This right of indemnity shall exist in favor of HOTTIE PILATES, LLC and the Release Parties even if HOTTIE PILATES, LLC and/or the Release Parties' negligence, gross negligence, intentional conduct, statutory or common law fault caused or contributed, in whole or in part, to the claims, liability or damages herein released. I also agree to indemnify, defend and hold harmless HOTTIE PILATES, LLC and the Release Parties from and all claims brought by third parties arising out of my (or the below-mentioned minor's) acts, errors or omissions.

I understand that exercise, as well as various equipment activities, have varying effects on individuals based upon their size, age, physical condition and/or state of health. I further understand it is my sole responsibility to consult with a physician prior to and regarding my participation in the fitness and exercise programs offered by HOTTIE PILATES, LLC. I understand it is my responsibility to determine my physical fitness for any exercise and the suitability of any exercise based on my physical condition. I am declaring that I am physically capable of utilizing the services and facilities of HOTTIE PILATES, LLC, BEE CAVE, Texas.

I hereby authorize HOTTIE PILATES, LLC personnel to call for medical assistance for me or the below-mentioned minor and to transport the same to a medical facility or hospital in the event of an emergency. I further agree to be responsible for all costs and expenses associated with any such medical care and/or related transport and I hereby indemnify and hold harmless the Release Parties of and from any such costs.

I acknowledge that I have read this Waiver of Liability carefully and understand its meaning, and I am voluntarily releasing the below named parties from all liabilities arising out of my utilization of the facilities and services of HOTTIE PILATES, LLC. If I am executing the Release of Liability and Waiver of Rights on behalf of a minor, I warrant and represent that I am the minor's parent or legal guardian.

This Agreement shall be binding on my (or the below-mentioned minor's) estate, heirs, administrators and assigns.

**I HAVE CAREFULLY READ THE FOREGOING RELEASE OF LIABILITY AND WAIVER OF RIGHTS, UNDERSTAND ITS CONTENTS AND SIGN IT WITH FULL KNOWLEDGE OF IT SIGNIFICANCE. I AM AT LEAST 18 YEARS OF AGE.**

Signed on this date: \_\_\_\_\_

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

Address of Participant: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

In case of Emergency, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Signature of parent or legal guardian if participant is under 18 years of age: \_\_\_\_\_