

# Welcome to Willow Studio

Please take a moment to answer the following questions so we can better serve you.

*How did you hear about our studio?*

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*Do you have any injuries, aches, or pains (old or new)? Please describe them.*

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*Have you had any past surgeries? Are you currently pursuing other kinds of therapy? Are you currently taking any medications?*

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*What is your occupation? What does your typical day involve physically (sitting, standing, lifting, etc.)?*

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*What are your goals for your workout?*

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AGREEMENT OF RELEASE AND WAIVER OF LIABILITY

I hereby agree to the following:

1. That I am participating in Pilates, **Gyrotonic®**, or **Gyrokinesis®** private training, classes, training, or workshops offered by Willow Studio during which I will receive information and instruction about movement and health. I recognize that these activities require physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.

2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in Pilates, **Gyrotonic®**, or **Gyrokinesis®** private training, classes, training or workshops. I represent and warrant that I am physically fit and I have no medical condition that would prevent my participation in these movement activities, health programs, or workshops.

3. In consideration of being permitted to participate in private training, classes, or workshops, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in the program.

4. In further consideration of being permitted to participate in private training, classes, or workshops, I knowingly, voluntarily and expressly waive any claim I may have against Willow Studio, Heather Glidden, or any other Willow Studio trainer, for injury or damages that I might sustain as a result of participating in the program.

5. I understand that Pilates, **Gyrotonic®**, and **Gyrokinesis®** training require hands on contact, and I accept my responsibility to inform my trainer if any touch is uncomfortable.

6. I, my heirs or legal representatives forever release, waive, discharge and covenant not to sue Willow Studio, Heather Glidden, or any other Willow Studio trainer, for any injury or death caused by their negligence or other acts.

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

\_\_\_\_\_ date

\_\_\_\_\_ signature of participant

\_\_\_\_\_ name

\_\_\_\_\_ email

\_\_\_\_\_ Preferred phone

\_\_\_\_\_ Alternate phone

if participant is under 18:

AS LEGAL GUARDIAN OF \_\_\_\_\_, I CONSENT TO THE ABOVE TERMS AND CONDITIONS.

\_\_\_\_\_ date

\_\_\_\_\_ signature of parent/guardian of participant