

INNER RHYTHMS PILATES CLIENT INTAKE

Inner Rhythms Pilates, LLC

Please fill out completely before you enter the classroom for your first class.

Name _____

Address _____

City _____ State _____ Zip _____ Phone _____

Email Address _____

Emergency Contact _____ Phone _____

Health Care Provider/Physician Information _____

Phone _____

1. Current Physical Condition: (please give us a basic idea of your condition and fitness level):

2. Relevant Chronic or Acute Physical concerns and/or Issues (anything that might prevent you from performing basic supported yoga postures):

3. Do you experience any of the following symptoms? Circle if yes.

Joint Pain Heart Palpitations Other Heart related issues

Shortness of Breath High/Low Blood Pressure Glaucoma

Diabetes/Hypoglycemia Digestive Issues Lymphatic disorders

Back Pain/Discomfort Circulatory Issues Any Known Spinal Issues

Osteoporosis/Osteopenia Surgeries

Other (Please describe):

4. Do you see a health care professional for any of these issues? If yes. Please explain:

5. Please list any drugs or supplements you take regularly:

6. Yoga and Movement Experience (any past experience, yoga or other movements forms and approximate dates):

7. Is there anything you would like to learn or create for yourself while in this environment?

Please feel free to ask for help. We also provide private instruction if that suits your needs more appropriately.

By signing this form you confirm that you have received adequate information, and/or have the necessary knowledge about the forms of Pilates, yoga, yoga Nidra, gentle stretching, visualization & meditation, conscious breathing and related classes, to safely and successfully perform the suggested exercises while in this studio. Your attendance here indicates that you recognize the possibility for bodily injury; **you have consulted with a health or medical professional about your condition and your ability to perform these postures prior to your attendance and will obtain written confirmation from that professional when your health condition changes and when the need arises.** Under any circumstances here, you also acknowledge full responsibility for your performance, and its results. As well, you hold harmless all parties involved with Patricia Everheart dba Inner Rhythms Pilates; as well as any and all of its assigns, subcontractors, property managers, property owners waiving your right to any action against these parties for any and all harm you precipitate on your physical, emotional and mental states while present here.

I have read the information provided & presented here and understand what is required for participation as well as my responsibility in sustaining my physical, emotional & mental safety as a priority.

In addition, by signing this form, you acknowledge that this class is designed for self-healing through movement and inner focus. Time is set aside for questions and answers at the end of class for purposes of better understanding the material presented, though your real answers come from within.

Thank you in advance for your participation.

Signature _____ Date _____

Signing this form indicates you are over 18. If you are a minor, please include a parent's or guardian's signature below.

Signature _____ Date _____

Studio Guidelines

Studio Management Responsibility:

We set and sustain a specific frequency here - both energetically and physically, in our personal energies, our workspaces and through the classes we provide here. This is intended for you (our clients), as well as ourselves, so that we may grow, live long, vital and abundant lives.

We are genuinely interested in your overall condition, your personal evolution and soul path, as well as your sincere commitment to the practices: Pilates, Yoga, and Herbal Arts, as related to all that we provide here. Your class time is specifically set up to support a healthy body, happy heart-mind and an inspired spirit. We are available to speak with you privately about your condition (all levels), and set up private sessions to this end.

Our mission is to create and sustain an environment of conscious intention, proactive states of being, and sincerely committed practices that extend your life through your ability to interact maturely and responsibly, expressing and communicating clearly with all your systems and energies.

Core Values: Respect, Kindness, Courage, Understanding, Acceptance

Energy Flows Where Attention Goes....we truly appreciate your attention to how you express your true self.

Client Responsibilities:

1. **Membership fees:** payment & are due the week before each new month.
2. **Attendance:** Upon payment of the membership fees each month, you are reserving your space in a specific regularly occurring class day & time.
 - You may request a different schedule at the beginning of each month.
 - 2 hours notice is required for any cancellation of attendance in any class. There will be a \$15 fee for all no-shows and/or late cancellations; *emergencies excluded.*
 - Make-up classes are available on a space available basis. Please check with your teacher to schedule a make-up class.
3. **Photos & Videos:** occasionally we will use pictures of classes for our marketing purposes. By signing you are allowing us to use your photo or video solely for purposes of promoting **Inner Rhythms Pilates.**
4. **Parking:** Parking is available in the parking lot in front of and to the side of the studio.
5. **Phones & Other Devices:** Please leave your phones and/or devices in the car.
6. **Entering:** Please enter quietly through the front studio door. Place your shoes and coats on the racks.
7. **Social:**

Children are not allowed to use the equipment, but may sit quietly waiting in the studio.

Please be aware of how the energy is set in every room. We maintain a *drama-free zone* throughout the building, fully expecting you to interact with one another in inspired & heart-felt conversations.

Your signature here establishes agreement to all the guidelines listed above with amusement and enthusiasm, and support for our intentions.

Name

Date