

STUDIO POLICIES

To help our studio run efficiently, please note our studio policies. We appreciate your cooperation. Studio policies and prices may change as needed and clients will be notified.

ATTIRE

- Wear comfortable workout clothing that can stretch with you. Please no revealing short-shorts or bulky sweats, and appropriate undergarments are required.
- No belts, zippers, or street clothing are permitted to protect the delicate vinyl on the apparatus.
- Clean, non-skid socks are requested for sanitary and safety benefits.

STUDIO FACILITIES & ETIQUETTE

- Please bring your completed new client information forms with you to your first lesson.
- Kindly remove your shoes before entering workout area. In the winter, please be careful not to track road salt and sand into the studio will end up on your mat and apparatus.
- Kindly have cell phones turned off. It you are waiting for an emergency call please set to vibrate.
- The studio has a water cooler and shower-equipped restroom that clients are welcome to use. Please bring your own towel and be considerate of students following your lesson as there is only one restroom.
- We offer complimentary water, tea, or coffee in our lounge area to be enjoyed after your lesson. Please honor the time of the next student and be quiet as you enjoy your tea & leave the studio.
- If you have scheduling needs, please take care of these during your time, or contact the studio.
- Please wipe down equipment after use with Tea Tree Oil provided.

PAYMENTS & PACKAGES

- There are no refunds on any Discount Packages purchased.
- All Private or Semi-Private Discount packages expire 3 months from date of purchase. Please make note of your expiration date in your calendar when purchasing a discount package.
- The studio accepts cash or check, or credit card. If paying by check, you will need 2 forms of ID. A \$35 fee will be charged for returned checks.
- Payment can also be made by credit card in the studio. A 3% convenience fee, which is added and collected by/for Square will be added to all credit card purchases.

RESERVED APPOINTMENTS

 When you purchase a multiple session discount package, you may reserve a standing appointment for your lesson. You must have a current package to hold your standing reservation. Individual sessions are booked as availability provides.



Studio Policies Continued

CANCELLATIONS

- Please make all cancellations at least 24 hours in advance to give us an opportunity to fill your spot.
 Exceptions being made by your instructor for unexpected illness or dangerous weather. Failure to cancel or late cancellations for any/all Whole Pilates services will result in full charge for the missed session.
 Monday appointments should be cancelled by Saturday at 12:00 noon.
- Semi-Private Sessions: Each member of the duet is 100% responsible for the appointment. If you need to cancel a duet session in advance of 24 hours, please notify your semi-private session partner(s). They will have the option to convert the appointment to a private session or cancel the duet with you. Please contact the studio at least 24 hours in advance to notify us of the cancellation or changed status of the reservation, or you will be responsible for payment of the session.

YOUR FIRST SESSION

- Your instructor will have a brief consultation with you prior to the lesson to review your health/fitness history and concerns. Your instructor may ask you questions to get a better understanding of any injuries or surgeries you may have had to tailor your instruction.
- Your instructor will guide you through the exercises. Sometimes this will involve hands-on corrections to manipulate your body's movements and/or proper alignment. We will honor the wishes if this makes you uncomfortable.
- We encourage you to ask questions about the exercises. During your lessons however, we keep discourse brief and can carve out time at the end of your lesson, or the beginning of your next, if we need to go into a more comprehensive discussion.

If you have any questions, please contact us at (973) 865-2764 or colleen@wholepilates.com.

I have read, understand and agree to comply with the above	policies.
Name (Printed)	
Signature	Date



Health Intake Questionnaire

Name	Gender	Age	Birth Date
Home Phone	Cell Phone	Work Phone	
Please circle preferred phor	ne#		
Street Address		City	Zip
Email Address		How did you	hear about Whole Pilates?
	tions which may possibly affect you ancer, knee, neck or back problems form as needed.		
Have you had any surgeries	in the past 12 months?		
Could you be pregnant, or h	nave you been pregnant in the past	6 months? How man	y children?
	old injuries (eg. Knee, back, neck, s orsen with stress, strain, or over-w		affect your ability to exercise, or
What is your current exerci	se and/or Pilates experience? (Wha	nt, if anything, do you	do currently? How often?)



LIABILITY RELEASE

In consideration of practicing Pilates with Whole Pilates studio, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risk of injury from activities involved in this program is significant, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and

I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation, and

I willingly agree to comply with the stated and customary terms and conditions for my 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 official present immediately; and

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Whole Pilates, 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 form the negligence of the releasees or otherwise, to the fullest extent permitted by the law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Signature	Date