



LINESTUDIO NEW CLIENT INFORMATION, WAIVER & RELEASE

Last Name	First Name	Middle Initial	
Home Address			
City	State	Zip Code	Date of Birth
Main Contact Number		Alternative Contact Number	
Emergency Contact Name		Phone Number	
Your email address			

Physical Activity Readiness Questionnaire

Please list any injuries and indicate if it is a current or past issue.

_____ Current ____ Past ____

_____ Current ____ Past ____

_____ Current ____ Past ____

_____ Current ____ Past ____

Please list any medications you are taking.

Medical History/Information

1. Has a doctor ever said you have heart trouble? ____ Yes ____ No
2. Do you frequently have pains in your heart or chest? ____ Yes ____ No
3. Do you often feel faint or have spells of severe dizziness? ____ Yes ____ No
4. Has a doctor ever said your blood pressure was too high? ____ Yes ____ No
5. Has a doctor ever told you that you have a bone or joint problem (such as arthritis) that has been aggravated by exercise or might be made worse with exercise? ____ Yes ____ No
6. Are there any other conditions not mentioned above that might affect your ability to do exercise or follow an activity program? ____ Yes ____ No
7. Are you over the age of 65? ____ Yes ____ No
8. Are you accustomed to vigorous exercise? ____ Yes ____ No

Facility Guidelines

We are pleased that you have come to us for your lifestyle and fitness needs. Please take a few moments to acquaint yourself with the following guidelines which will help us provide exceptional service to you!

1. We encourage you to set appointments a week in advance. Availability for popular schedule times is limited. This will ensure you get the best appointment time for your schedule.
2. There is a 24-hour cancellation policy. If you book an appointment and cancel without 24-hour notice, you will be charged for that session. Cancellations must be made by phone or in person, not by email.
3. **Please be on time. Appointments will begin and end as scheduled, regardless of when you actually arrive. If you are late we will try to extend your session to make up for last time. However, this is on a space-available basis. If we are busy, we will end the session at the appointed time to be fair to the other clients.**
4. Please turn OFF all cell phones in the studio area. Due to numerous complaints and to minimize disruption, if you must use your cell phone, ensure that it is set on vibrate and kindly step into the lobby or outside to talk.
5. Please remember to dress appropriately. Leggings, running tights, leotards and bicycle shorts are all acceptable attire for women and men. Please, no running shorts. Proper undergarments are required.
6. Refunds are at the discretion of Management. Gift certificates and 10-Session cards are valid for six months from the date of purchase, and must be completely used within the six month time period.

ACKNOWLEDGMENT AND RELEASE

I, _____, (hereafter referred to as "CLIENT") am aware that participation in any fitness regimen or physical activity may result in accident or injury. CLIENT acknowledges that P Studio (hereafter referred to as "P Studio") encourages CLIENTS with any fitness, physical or medical concern to consult their physician before starting any activities with P Studio. CLIENT acknowledges that instructors with P Studio may have to touch the CLIENT'S person at any point during training activities. CLIENT assumes the risk connected with participation in the activities provided by P Studio. CLIENT is in good health and suffers from no physical impairment which would limit their use of P Studio's facility.

CLIENT acknowledges that P Studio will not render any medical services including medical diagnosis of CLIENT's physical condition, and that CLIENT will look to the physician of his/her choice for any medical services or diagnoses. CLIENT specifically agrees that P Studio, its shareholders, officers, employees and agents shall not be liable for any claim, demand, cause of action, damages or liabilities of and kind whatsoever for, or on account of, death, personal injury, property damage or loss of any kind resulting from or related to CLIENT's use of the facilities or participation in any exercise or activity within or without the premises utilized by P Studio, and CLIENT agrees to hold P Studio, its shareholders, officers, employees and agents harmless from the same.

It is the intention of the parties that this release is without regard to whether the negligence (ordinary or gross) of a released party is a contributing factor.

I hereby affirm that I have read and fully understand all of the above.

CLIENT Signature

Date

STAFF USE ONLY

Exercise History/General Comments

Referred by: _____ LS Reviewer: _____