

**FIT *by renata***

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Cell#: \_\_\_\_\_

Occupation: \_\_\_\_\_ Age: \_\_\_\_\_

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

Exercise/Movement Goals (ordered by priority):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Frequency of Sessions: (Circle one):      1x/week      2x/week      3x/week

Circle one:      Strength and Pilates      Pilates only      Strength only

Precautions/Contraindications (old/new injuries, aches, pains): \_\_\_\_\_

\_\_\_\_\_

Medications? yes/no IF yes, describe: \_\_\_\_\_

What are your current activities? \_\_\_\_\_

\_\_\_\_\_

- Cancellations or reschedules within 24 hours of your appointment time or full session will be charged.
- Payment is due prior to starting session or class.
- Paid sessions do not expire. No refunds.
- Payment via Venmo or Zelle preferred.
- A 3.75% fee will be added to all credit card payments.
- **Release of Liability:** The utilization of Services, participation in classes and activities, including, but not limited to, use and operation of the equipment may involve the risk of injury. Client understands and voluntarily accepts the risk and agrees that no one at **FIT by renata** will be liable for any injury, including, without limitation, any personal, bodily or mental injury; death, economic or non-economic loss or damage resulting from the Services and use of the equipment, or from negligence.

Signature \_\_\_\_\_ Date \_\_\_\_\_