



KINETIC

YOGA & PILATES

Date: _____

Client Name: _____

Client Address: _____

City: _____ Postal Code: _____

Phone #: Home () _____ Cell () _____ Work () _____

Date of birth: _____
Month Day Year

Injuries (nature/
date): _____

How did you hear about Kinetic Physiotherapy?

Email Address: _____

- Yes, I would like to receive newsletters and notifications from Kinetic Yoga and Pilates
- No, I would not like to receive newsletters and notifications from Kinetic Yoga and Pilates

Informed Consent to Classes & Care

I hereby request and consent to the class instruction provided by the certified instructor and/or trained personnel under their supervision

I will have the opportunity to discuss the nature, purpose and type of classes provided with the instructor during my first class/private/workshop at the studio.

I further understand and am informed that, as in all health care, including fitness related classes, there are some risks to participation, including but not limited to, muscle sprains and strains, soreness, increased discomfort, strokes and cardiovascular complications. I do not expect the instructor to be able to anticipate and explain all risks and complications. I wish to rely on the instructor to exercise judgment during the course of classes and care to act in my best interest based upon the facts known at that time.

Payments are the client's responsibility, and will be billed at each visit for drop in classes or upon first class for package purchases. I understand that I am financially responsible to Kinetic Yoga & Pilates for all

charges. **We respectfully require 24 hours notice of any cancellations.** If you reserve a spot online and do not show up without calling to cancel, it will be marked off your package as a class used. Any cancellations due to holidays or illness of the instructor will be notified to the client in advance and the client will have the opportunity to attend make up sessions for the lost class during the session.

All packages/workshops are non-refundable & expire within 3 months of purchase

I have read the above consent. I have also had an opportunity to ask questions about this consent, and by signing below I agree to the above. I intend this consent form to cover the entire course of classes for my present class and for any further class(es) for which I seek.

Print Name

Signature

Date