

Studio Policies

Welcome to Thrive Physical Therapy + Pilates. We want your experience to be outstanding, so we ask that you please follow the policies listed below.

We have a **24-hour cancellation policy**. Any session (Private/Semi-Private/Class) canceled by the client less than 24 hours in advance of the appointment time will be charged 100% of the service booked. Please note that the cancellation policy is in place to cover studio fees and as a courtesy to our trainers who are compensated on a per-client basis. We thank you for respecting this policy. To cancel a Private/Semi-Private session, please contact the studio or instructor directly. All group classes should be scheduled or canceled online.

Group classes are available on a first-come, first-served basis. Please understand that it is your responsibility to ensure you are signed up for the class(es) you desire. Class registration can be completed online via our website on the Schedule page or using the MindBody Connect app. As a client of Thrive, you acknowledge and agree to this policy to be held responsible for registering for the classes you wish. Advanced level class participation requires pre-approval from our studio staff to self-register.

If a group class has only one or no clients scheduled within 12 hours of class time, the instructor will either offer the client an alternate option at that time or cancel the class. The instructor and/or the studio will notify you of any class cancellation or change.

A session lasts 45 - 55 minutes. Your instructor may determine that 45 minutes is the appropriate amount of time, which is often the case with post-rehabilitation clients.

We recommend evaluations and learning of the basic Pilates techniques and principles before you partner with someone else (Semi-Private).

A minimum of 3 Private sessions is required before joining a group class, even if you have previous Pilates experience.

Pilates is a body/mind exercise and requires internal focus. Please **turn off your cell phone** prior to entering the studio unless you are waiting for an emergency call.

Fragrance Free Zone: Please respect the health of our clients and staff by entering free of synthetic fragrances (ie, perfume, scented lotion).

Refrain from engaging another client in conversation until they are done with their workout. If necessary, have lengthy conversations outside and then return to the studio.

If you arrive early, begin your warm up by lying on the roller, using the ball under your foot or sacrum, stretching, going for a walk, or just relaxing for a few minutes.

Since much of Pilates is done in bare feet, come to the studio with clean feet or clean them when you arrive. Leave your shoes in the cubbies at the front of the studio with your other belongings. If you are changing, it is fine to leave your clothes in the bathroom.

Purchased sessions expire if not used within 12 months unless prior arrangements have been made. In the event a client is unable to fulfill a purchased session or class package for any reason, their remaining balance will be rolled over as studio credit toward any other package or merchandise offered at Pilates at Thrive, of the client's choosing.

As a gesture of our gratitude, if a client you refer to Thrive purchases a package of Private, Semi-Private or Group Class (Reformer, Mat, Barre) sessions, you will receive a complimentary session of that same value. Thank you for letting your friends and family know the value of the services we offer.

Thank you for choosing Thrive. We want you to have a comfortable, fun and rewarding experience at the studio, while also providing an environment that is complementary to the Pilates method.

Client Information and Health History

Thank you for joining us! Please complete this form to help us get to know you better. Be advised that all information is kept strictly confidential.

Name: _____ Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Birthdate: _____ Occupation: _____

Emergency Contact: _____ Phone: _____

Preferred method for notifications: Email Only Text Only Both Email and Text

Circle the appropriate response. If yes, please explain.

- | | | |
|--|-----|----|
| 1. History of heart problems, chest pain or stroke? _____ | Yes | No |
| _____ | | |
| 2. Increased blood pressure? _____ | Yes | No |
| 3. Any chronic illness or condition? _____ | Yes | No |
| 4. Osteopenia or Osteoporosis? _____ | Yes | No |
| 5. Difficulty with physical exercise? _____ | Yes | No |
| 6. Advice from physician not to, or limit exercise? _____ | Yes | No |
| 7. Surgery (Hospital stay, or out-patient)? | Yes | No |
| a. In last 6 months? _____ | Yes | No |
| 8. Pregnancy (now or within last 3 months)? _____ | Yes | No |
| 9. History of breathing or lung problems? _____ | Yes | No |
| 10. Diabetes or thyroid condition? _____ | Yes | No |
| 11. Glaucoma? _____ | Yes | No |
| 12. Cigarette smoking habit? _____ | Yes | No |
| 13. Increased blood cholesterol? _____ | Yes | No |
| 14. Immediate family history of heart conditions or disease? _____ | Yes | No |
| _____ | | |
| 15. Hernia, or any condition that may be aggravated by exercise? _____ | Yes | No |
| _____ | | |
| 16. Is this your first time participating in any level of exercise? | Yes | No |

Do you now or have you ever in the past experienced pain or an injury to any of the following?

(please circle)

Head Neck Shoulder Arm/Hand Upper Back Middle Back Lower Back
Ribs Abdomen Hip/Pelvis Knee Ankle/Foot Legs

Explain: _____

Continued on reverse side.

When was your last physical examination with a doctor? _____

Have you ever had an exercise stress test? _____ When? _____

Please list all medications you are taking. _____

Please tell us about any prior Pilates experience. When? _____

Where? _____ Type (Mat, Reformer, Tower, etc.)? _____

Describe the exercise/activities you are currently involved in. _____

What specific health or fitness goals do you hope to achieve from this program? _____

How did you find out about Thrive Physical Therapy + Pilates? _____

Who is your referring Doctor/Chiropractor/Physical Therapist/Health practitioner? _____

A medical referral may be required for any of the following conditions: heart condition, disease or problem, recent surgery, stroke, concussion, current medicine for heart, blood pressure, or diabetes, pain in abdomen, leg, arm, shoulder or chest, swollen joints, faintness or dizziness, breathless with slight exertion, over 65 years of age, high cholesterol, high blood pressure, or any other medical condition that might cause concern.

Cancellation Policy: I understand that if I cancel a scheduled appointment with less than **24 hours** notice I will be held responsible for payment in full. _____(Please Initial).

Group Class Schedule Policy: I understand that I am responsible for monitoring my group class reservations, both the scheduling and canceling of classes, and that my spot is not guaranteed without a confirmed reservation. _____(Please Initial).

Sessions are approximately 1 hour, yet some post rehabilitation sessions may be shorter.

Payment is due at the time of appointment.

Today's Date: _____

Signature: _____

Printed name: _____

Witness: _____

Continued on reverse side.

**Pilates at Thrive, LLC
Release and Waiver**

This *Release, Waiver and Hold Harmless Agreement* is made by and between the undersigned (client) and *Pilates at Thrive, LLC*, and entered into on the day, month and year below.

Pilates at Thrive, LLC provides space for instruction in the Pilates method of physical conditioning. The parties to this agreement recognize that participation in this activity could lead to physical injury to the client. The training includes the use of equipment and exercises that may cause injury. Client desires to undertake Pilates at Thrive, LLC's program with the full knowledge of the possibility that physical injuries could result from it and desires to assume the risk of any such injury.

The parties recognize that Pilates at Thrive, LLC will not be able to provide its program to client without the execution of the agreement.

Therefore, the client in consideration of the above and the exercise sessions and classes to be provided, hereby waives all claims for damage or loss to person or property which may be caused by any act, or failure to act of Pilates at Thrive, LLC instructors, staff, partners, independent contractors or employees. Client assumes risk of all dangerous conditions in and around the premises and waives any and all specific notice of the existence of such conditions. Client also assumes the risk of any and all injuries that might result from participating in Pilates at Thrive, LLC exercise programs.

I, _____, have enrolled in a program of physical activity including but not limited to the use of various Pilates equipment offered by Pilates at Thrive, LLC. I understand that participation in the Pilates Method exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, muscle/movement patterns, illness or medical disabilities.

I acknowledge that it is recommended that I have a yearly or more frequent physical examination and consultation with my physician regarding physical activity, exercise and use of exercise equipment. I have either 1) had a physical examination and been given my physician's permission to participate in Pilates at Thrive, LLC activities or; 2) I have decided to participate in these activities without the approval of my physician and assume responsibility for that participation.

I hereby affirm that I have and will keep Pilates at Thrive, LLC fully informed of any existing physical condition or disability which would prevent or limit my participation in an exercise or physical-conditioning program. I will also keep Pilates at Thrive, LLC informed of any physical condition or disability arising from my participation in the exercise program.

In consideration of my participation in Pilates at Thrive, LLC exercise program, I, my heirs and assigns, hereby release Pilates at Thrive, LLC (its independent contractors, employees and owners), from any claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in Pilates at Thrive, LLC's exercise program and I hereby release Pilates at Thrive, LLC from any liability, now or in the future, including but not limited to heart attacks, muscle strains/pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness, injury however caused, or death occurring during or after my participation in the exercise program

I hereby affirm that I have read and fully understand the above, am over eighteen years of age, or am a legally emancipated minor.

TODAY'S DATE: _____

PRINTED NAME: _____

SIGNATURE: _____

ADDRESS: _____ ZIP CODE: _____

INSTRUCTOR/WITNESS SIGNATURE: _____