



Release of Liability, waiver of claims, assumption of risks and indemnity agreement (hereinafter “The Release Agreement”). By signing this you will waiver certain legal rights including the right to sue. PLEASE READ CAREFULLY

Initial Here _____

I agree that if I am unable to give 24 hrs notice about my appointment, I will pay for the schedule time missed.

Initial Here _____

I agree to waive any and all claims that I have or may in the future have against The Releases, Leslie Timms and Peak with Pilates, and to release The Releases, Leslie Timms and Peak with Pilates, from any and all liability for any loss, damage, expense, or injury including death that I may suffer or that my next-of kin may suffer as a result of my participation in fitness programs due to any cause whatsoever, including but not limited to:

- Negligence on the part of Releases, Leslie Timms and Peak with Pilates
- Liable or responsible for any damage to, loss or theft of your property
 - Breach of contact by The Releases
- Breach of warranty on the part of The Releases in respect of the design, manufacture, selection, installation, maintenance, or adjustment of equipment
- Breach of any statutory or any other duty of care including any duty of care owned under the Occupiers Liability Act, R.S.O. 1990, c. 0.2 on the part of The Releases; and
- failure on the part of the Releases to safeguard or protect me from risks, dangers, and hazards of fitness programs, some of which are referred to in the Assumption of Risks section of this Agreement

I am aware that The Releases, Leslie Timms and Peak with Pilates, is here to serve me by sharing knowledge of Pilates and health. By my participation in private training and/or classes, I agree to take full responsibility for not exceeding my limits in the practice of Pilates and for any injury I might suffer in the practice of Pilates. It is my responsibility to ascertain that there is no medical reason to prevent my participation. I hereby waiver any claim that might have at any time injury or harm of any sort resulting from this activity against Leslie Timms, Peak with Pilates, its successors, agents, and assigns.

I HAVE READ THE RELEASE, FULLY UNDERSTAND AND AGREE TO THE ABOVE.

Date Signed: _____

Full Name of Participant _____

IF UNDER 18 YEARS OF AGE:

As a legal Guardian of _____, we consent to the above conditions



CLIENT INTAKE FORM

Name:

Address:

Telephone:

Email:

Are you or were you active in any sports, exercise programs, physical activity? Please describe.

Do you have any injuries, aches or pains (recent or old)? Please describe them.

Are there any other health concerns (e.g. diabetes, high blood pressure, medications...)?

Are you presently doing other kinds of therapy (e.g. massage, physiotherapy...)?

Have you had any previous pilates training? If yes, where? When?

What is your occupation? What does your typical day involve physically (e.g. sitting at a computer, lifting)?

What are your goals? What do you want most from this program?