



484 Albertson's Pkwy Suite B
Broussard, LA 70518

(337) 330-8130

CLIENT PROFILE

Name _____ Date _____

Birth date: _____ Age _____ Email _____

Address _____ City _____

State _____ Zip _____ Home # _____ Cell # _____

Emergency Contact _____ Phone _____

Occupation _____

How did you hear about us?

___ Dr. _____ ___ PT Patient ___ Family/Friend
___ Facebook ___ Internet ___ Advertisement ___ Sign ___ Other _____

Describe your present physical condition and list any current medications:

Check any of the body parts that have been involved in any injury, surgery, illness or other medical treatment. Please specify Right (R) or Left (L)

Head _____ Neck _____ Arm/Hand _____ Shoulder _____ Upper Back _____
Lower Back _____ Knee _____ Hip/Pelvis _____ Abdomen _____ Ankle/Foot _____

Check any of the following that apply to your present or past medical history.
High Blood Pressure ___ Joint Problems ___ Diabetes ___ Whiplash ___
Sprains ___ Fractures ___ Asthma ___ Osteoporosis or Osteopenia ___
Surgeries _____ Any other illnesses _____

Are you Pregnant? yes/no Have you recently given birth? yes/no
List your fitness and health goals that you would like to achieve through Pilates exercises.

List any of the following you are currently receiving care through:
Physician _____ Phone _____
Physical Therapist _____ Phone _____
Chiropractor _____ Phone _____
Massage Therapist/Acupuncturist _____ Phone _____



Waiver of Liability and Informed Consent Release

This release, Waiver and Hold Harmless Agreement is made by and between the undersigned (Client) and Align Pilates Studio, LLC and entered into on the day, month and year noted below.

1. Align Pilates provides space for and instruction in Pilates conditioning methods and exercise. The parties to this agreement recognize that Pilates, like any physical conditioning exercise program, could lead to physical injury to the client.
2. Client desires to undertake the Align Pilates Studio program with the full knowledge of the possibility that physical injuries could result from it and the desires to assume the risk of any injury.
3. The parties recognize that Align Pilates Studio will not be able to and will not provide its program to clients without the execution of this agreement and our detailed client profile.

Therefore, client in consideration of the above and of the exercise classes to be provided, hereby waives all claims for damage or loss to a person or property which may be caused by any act, or failure to act, of Align Pilates Studio instruction, staff, landlord, and their officers, agents or employees. Client assumes the 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 participation in Align Pilates Studio exercise program.

In consideration of my participation in Align Pilates Studio exercise program, I, _____ for myself, my heirs and assigns, hereby release Align Pilates Studio and its employees and owners, from any claims, demands and causes of action arising from my participation in the exercise program. I hereby affirm that I have read and fully understand the above, am over eighteen years of age and am a legally emancipated minor.

Today's Date

Client Signature

For Minors: The undersigned is a parent or legal guardian of _____ and on his/her behalf, hereby agree to all the conditions set forth above.

Today's Date

Client Signature



CANCELLATION POLICY

I understand that if I must cancel a scheduled appointment, I must notify Align Pilates Studio at least 24 hours in advance or I will be held responsible for the payment in full.

If my Pilates session becomes a private session with an advanced notification:

___ I agree to take a private session

___ Please call with other options.

Today's Date

Client Signature

Credit Card information

Name on Card: _____

Card Number: _____ Exp date: _____

Security Code: _____ Zip Code: _____

Checking account information:

Bank Name: _____

Checking Account Number: _____ Routing Number: _____



RATES

Beneth Arceneaux PT, MPT, LAT

Physical Therapist, Athletic Trainer, Certified Pilates Instructor

Private Session \$75

Duo Session \$40

Trio Session \$30

Quad Session \$25

Five or more \$25

Kayla Vice

Certified Pilates Instructor

Private Session \$65

Duo Session \$35

Trio Session \$25

Quad Session \$25