



## PERSONAL INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Emergency contact:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Ph# \_\_\_\_\_

1. Have you ever taken Pilates or GYROTONIC Method before? Y/N  
Level? Beg. \_\_\_\_\_ Int. \_\_\_\_\_ Adv. \_\_\_\_\_

2. What fitness and health goals do you hope to achieve through pilates and/or GYROTONIC Method? Strength \_\_\_\_\_ Flexibility \_\_\_\_\_ Balance \_\_\_\_\_ Stress Reduction \_\_\_\_\_  
Pain Relief \_\_\_\_\_ Mind/Body Connection \_\_\_\_\_ Sports Training \_\_\_\_\_  
which sport(s)? \_\_\_\_\_ Work a targeted area \_\_\_\_\_

3. Other past or present activities:  
Aerobics/Zumba etc. \_\_\_\_\_ Biking \_\_\_\_\_ Climbing \_\_\_\_\_ Dance \_\_\_\_\_  
Hiking \_\_\_\_\_ Running \_\_\_\_\_ Swimming \_\_\_\_\_ Walking \_\_\_\_\_ Weight Training \_\_\_\_\_  
Yoga \_\_\_\_\_ Sports \_\_\_\_\_ Other \_\_\_\_\_

4. What is your present physical condition?  
Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

5. How did you find out about Beyond Pilates Studio? Please be specific.

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6. Would you like to be on our mailing list to receive newsletters and promotions?  
Circle one: YES ☺ NO ☹

## ***Studio Policies***

- All sessions are approximately 55 minutes long
- The hour begins at the appointment time, not at the time of arrival
- All cell phones must be on silence or vibrate
- No children or pets in the studio unless prior permission is granted by studio owner
- Please arrive perfume and fragrance free
- Studio reserves the right to assign a substitute teacher
- No open studio policy- no use of machines unattended
- Appropriate attire must be worn (due to the nature of a full body pilates workout; dance pants bike shorts or sweats with undergarments are recommended)
- No shoes/slippers in the main studio workout area
- No glass cups or containers in the main studio workout area

### ***Scheduling:***

- Sign in is required at time of session and or class
- Because class fills up quickly, we encourage you to schedule your reformer classes in advance with our easy online scheduling system found through the website or app.
- There are no shared packages

### ***Refunds & Expirations***

- Session packages are non-transferable, non-refundable.
- All packages have a 3 month expiration.
- ***Cancellations: Initial Please***

\_\_\_\_\_ I understand Beyond Pilates Studio enforces a strict 24 hour cancellation policy. If I do not cancel my scheduled appointment or class online 24 hours in advance, I will be charged in full.

\_\_\_\_\_ I understand all classes and sessions must be paid for upon booking and expire within 3 months starting on the first day of use. All packages are non refundable and non transferable. We understand that there are certain circumstances where you may find it impossible to make your scheduled appointment without giving 24 hr. notice (sickness, childcare issues etc.) Therefore we allow sessions to made up that same week of depending on availability of instructor and or class. Further late cancellations will result in a full-price charge.

**I have read, understand, and agree to the policies set forth in this statement.**

\_\_\_\_\_  
**Signature (Parent/Guardian if under 18)**

\_\_\_\_\_  
**Date**

BEYOND PILATES STUDIO LLC  
760 HALEKAUWILA ST. - UNIT 210  
HONOLULU, HI 96813  
808-479-1058

#### WAIVER OF LIABILITY

This agreement waives the liability of DIANA WROBEL, d.b.a. BEYOND PILATES STUDIO LLC, and any of its personnel and representatives.

I, \_\_\_\_\_, the undersigned acknowledge that I am entering into a fitness program designed to improve ones personal fitness. I understand that in undertaking this program, administered through BEYOND PILATES STUDIO LLC by its personnel, some risk may be involved and I fully assume that risk.

I declare that I am physically capable of participating in this program, and I understand it is my sole responsibility to determine my physical fitness for any exercise or nutrition program and the suitability of such programs based on my physical condition. I further understand that any fitness evaluation performed by a BEYOND PILATES STUDIO LLC staff member is not a substitute in any way for a diagnostic evaluation by my physician and I agree to consult my physician for such evaluation and for such medical care as I require.

I have read and understand this form and the program it describes, and I voluntarily request the right to participate in the program and do hereby discharge, release, and hold harmless DIANA WROBEL and BEYOND PILATES STUDIO LLC, or any of its personnel and representatives, including but not limited to, instructors, technicians, supervisors, volunteers, nurses, or physicians, from any and all liability for damages from any injury or condition I may suffer as a result of such participation.

Participant Name\_\_\_\_\_

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

Address\_\_\_\_\_

Phone Number(s)\_\_\_\_\_

Email Address \_\_\_\_\_

\_\_\_\_\_

Signature of Parent or Guardian for participants under 18 years of age.