



# The Pilates Wellness Center

## Leaner, Longer, Firmer, Stronger

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last: \_\_\_\_\_  M  F

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Martial Status:  S  M  D  W

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Who can we thank for referring you? \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

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1. Please contact and consult your physician if you are unsure of your ability to use the infrared sauna for health reasons.
  2. If you are taking any medications, you must contact your physician prior to using the infrared sauna.
  3. You must be 18 years or older to use the infrared sauna.
  4. If you feel light headed, dizzy or heat exhausted, please step out of the infrared sauna, sit down and drink some water until you feel better. It is not advised to resume your session that day.
  5. Infrared sauna sessions are limited to a maximum of 30 minutes.
  6. It is advised to drink plenty of water before, during and after your infrared sauna session.
  7. Pregnant woman should not use the infrared sauna.
  8. Do not use any chemicals or lotions prior to your infrared sauna session. These items may block your pores and effect perspiration as well as they stain the wood of the sauna.
  9. Please wear a bathing suit and sit on a large towel while in the infrared sauna.
  10. Please read the Infrared Sauna Contra-Indications and ensure non apply to you.

# Infrared Sauna Waiver and Release

In consideration for my participation at The Pilates Wellness Center and my use of the Infrared Sauna or any services I receive, I hereby assume all risk of loss, damage or injury associated with or incurred during my use of Infrared Sauna or participation in the wellness programs. On behalf of myself, my heirs, beneficiaries, administrators and personal representatives, I waive all claims for injuries or damages arising out of my Infrared Sauna use and participation in the wellness programs and hereby release the PILATES WELLNESS Center, Inc. ("Pilates Center"), as well as its officers, directors, assigns, members, agents and employees, from all such claims arising out of my use of the Infrared Sauna or my participation in the wellness programs of Pilates Center.

I confirm my physical condition allows me to use the Infrared Sauna and participate in the Pilates Center programs and that, if I have any question about my physical condition in this regard, I will seek a physician's advise. I have read and understood the foregoing, and voluntarily sign this Infrared Sauna Waiver and Release.

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PILATES WELLNESS Center Participant Signature

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Date

## Infrared Sauna Policies

I am aware, understand and agree to the following: **Please initial each policy.**

- 1) \_\_\_\_\_ I understand that all sessions and packages are pre-paid and a credit card is required to reserve an appointment time. These appointment times are held specifically for me.
- 2) \_\_\_\_\_ I understand I will be charged the full amount of my session if I choose to miss, no show or give less than a 24 hours cancellation notice. I understand there are no refunds, no make up sessions or exceptions of any kind. All services are non-refundable and non-transferrable.
- 3) \_\_\_\_\_ I understand it is my ultimate responsibility to keep my sessions or to reschedule. The PWC does not confirm any sessions prior to scheduled time.
- 4) \_\_\_\_\_ I understand all sessions and packages purchased have an expiration date from day of purchase and no exceptions are given regardless of the circumstance.
- 5) \_\_\_\_\_ I understand in order for PWC to run efficiently, all sessions start and end promptly on time. Should I arrive late, I understand my session will begin when I arrive and end on time. Clients more than 15 minutes late are considered cancelled.
- 6) \_\_\_\_\_ I understand there may be other clients receiving sessions at the same time I am. I agree to turn my cell phone off, keep my voice to a minimum, and be respectful to the other clients. I agree to not wear perfume, skin lotions, hairspray or other fragrances as other clients may have chemical sensitivities.