Black Girl Pilates®

Liability/Photo/Video/Publicity Release

**Email:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Today’s Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Full name:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone Number:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Gender:**

O Male

O Female

O Transgender

O Non-Binary/Non-conforming

O Prefer not to respond

**Pronouns:**

**Date of Birth:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How did you hear about us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Keep me in the know about Black Girl Pilates**

**Emails/Newsletters:**

O Yes

O No

**Do You have a heart condition?**

O Yes

O No

**Have you ever had a stroke?**

O Yes

O No

**Do you have epilepsy?**

O Yes

O No

**Do you have diabetes?**

O Yes

O No

**Do you have emphysema?**

O Yes

O No

**Do you feel pain during physical activity?**

O Yes

O No

**In the past month have you had chest pain when you are not doing physical activity?**

O Yes

O No

**Do you ever lose consciousness?**

O Yes

O No

**Are you currently being treated for a bone or joint problem that restricts you from engaging in physical activity?**

O Yes

O No

**Has physician ever told you or are you aware that you have high blood pressure?**

O Yes

O No

**Has anyone in your immediate family (parents/brothers/sisters) had a heart attack, stroke to cardiovascular disease before the age of 55?**

O Yes

O No

**Do you currently smoke?**

O Yes

O No

**Are you allergic to latex?**

O Yes

O No

**Are you on medications? If so, please list:**

**List any past or present injuries:**

**Have you had any surgeries or hospitalizations? If yes, please explain:**

**Is there anything else I should know about your body prior to the session (chronic injuries, hip, knee joint concerns, spine/scoliosis, etc.) If none put N/A**

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**In the last 6 months have you experienced any symptoms of COVID?**

O Yes

O No

**In the last 6 months have you been exposed to anyone with COVID?**

O Yes

O No

Terms, conditions, and medical liability:

**FEES:** All fees must be paid prior to client's class/session. There will be no refunds, credits, or prorations for classes/sessions missed, late arrivals, or cancellations. Transfers may be granted on a case-by-case basis.

**UNDER THE AGE OF 18:** Any client under 18 years of age must have parent/guardian consent prior to participation. All required forms must contain parent/guardian signature. In the event of an emergency, if parent/guardian cannot be reached to make arrangements for medical attention, parent/guardian authorizes Black Girl Pilates any of its agents, employees, and/or representatives to arrange for medical attention deemed necessary and/or to take my child to the nearest emergency facility for treatment deemed necessary by the medical attendant. Parent/guardian certifies that child is physically fit for strenuous activity according to family physician.

**RELEASE WAIVER:** I agree to release Black Girl Pilates and any of its agents, employees, representatives, and/or any facilities employed liable for any illnesses contracted or injuries sustained by me, my child, my group and/or organization while participating in and/or traveling to and from Black Girl Pilates and/or any affiliations associated with Black Girl Pilates. I authorize Black Girl Pilates, any of its agents, employees, and/or representatives to arrange for medical attention deemed necessary should injury occur. Emergency contact will be notified immediately in the event of injury or emergency. Furthermore, I understand that Black Girl Pilates, any of its agents, employees, representatives, and/or any facilities employed are NOT responsible for any damages or loss of valuables.

**PHOTOGRAPHY, VIDEOGRAPHY, AND PUBLICITY RELEASE:** Clients are subject to photography and/or videography for Black Girl Pilates purposes including but not limited to: print, website, advertisement and marketing purposes. Black Girl Pilates is not responsible for any 3rd party photos/videos published by unauthorized parties.

By entering your name and date below you are effectively providing your signature, indicating that you agree to the terms, conditions, medical/liability release waiver.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_