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### STUDIO LIABILITY WAIVER

Welcome to Pure Balance! Please read, initial, and sign.

\_\_\_\_ I understand there is an inherent risk associated with any exercise program including my voluntary participation in yoga or Pilates that may result injury. The exercises related to yoga and Pilates will challenge my cardiorespiratory and musculoskeletal systems associated with: the aerobic, anaerobic, strength, power, agility, flexibility, and breathing components of the program. I understand and am aware that the components of exercise/yoga/Pilates are potentially hazardous activities and may cause injury.

\_\_\_\_ I understand that I may receive assists or adjustments to enhance or correct my body posture during class by the instructor. I will take accountability for alerting the instructor of any injury or impairment in advance before class begins or if I do not want to receive any assists.

\_\_\_\_ I acknowledge that I have either had a physical examination and/or have been given permission from my physician to participate in a yoga and/or Pilates based exercise program or that I have decided to participate in an exercise program voluntarily and without the approval of my physician and do hereby assume all responsibility for my participation in any exercise or activity associated with Pure Balance.

\_\_\_\_ I certify that I am physically well and suffering from no medical problems, conditions, impairments, diseases, or any other illness that would prevent my participation or increase my risk of injury and/or illness as a result of partaking in any exercise/yoga/Pilates program.

\_\_\_\_ I, my heirs, or legal representatives, do hereby waive and release Pure Balance, its instructors, and employees from any and all liability and responsibility from injury, accident, illness, legal, and medical fees sustained now or in the future resulting from my participation in any activity or use of equipment.

\_\_\_\_ I understand that Pure Balance will provide an area for personal belongings to be held during class; however, I agree that Pure Balance is in no way responsible for the loss or damage of any of my belongings while I attend class.

I acknowledge that I have read this waiver of liability form. I fully understand its terms and conditions, and understand that I am giving up my right to sue Pure Balance, its instructors, and employees. I acknowledge that I am signing this agreement voluntarily, and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowable by law.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Names of any minors attending with Client's permission

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**Welcome to Pure Balance!**  
**New Client Information**

Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Local Address (city state zip) \_\_\_\_\_  
\_\_\_\_\_

Email \_\_\_\_\_ Circle YES / NO to be added to our  
newsletter list for updates and health news! Your email address will never be shared or sold.

Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_

Emergency Contact (name, relationship, phone) \_\_\_\_\_  
\_\_\_\_\_

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

Medical History (Please list all health conditions, injuries, surgeries & medications) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yoga/Pilates history (If new to either, what are your interests, concerns, or questions? If you practice,  
please share how long & type practicing) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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