

INTRO _____ AMT PAID _____
SERIES _____ AMT PAID _____
SINGLE _____ AMT PAID _____



New Student Form

(Please Read!) Agreement and Release of Liability: The undersigned assumes all responsibility for all risk, damage or injury which may occur while participating in exercises or using the equipment or facilities in THE BAR METHOD studio in Los Angeles or West Hollywood, or while following the instructing or instructors in or out of the studio, and hereby releases and discharges THE BAR METHOD, their owners, partners, employees, instructors and agents from any and all claims and damages in connection with or arising out of participation in the aforesaid exercise classes or using the facilities or equipment at the studio.

All persons currently under treatment for any heart condition or back and knee injuries and all pregnant women must present written permission from a licensed physician before participating in any exercise class.

The undersigned agrees to make payment for individual classes or courses before class. There will be no refunds after seven (7) days from date of purchase for amounts paid for courses. All courses (other than Introductory Offer) are good for one (1) year and are non-transferable.

The undersigned acknowledges that THE BAR METHOD exercises are a valuable property right of THE BAR METHOD, INC., a Connecticut corporation. The undersigned agrees not to engage in or assist or facilitate any person in engaging in any instruction of the aforesaid exercises, or any part of them, without the express written consent or license from THE BAR METHOD.

Release of Liability - Signature _____ **DATE:** _____

Bar Method Staff - Signature _____ **CLASS TIME:** _____

NAME & ADDRESS

(PLEASE PRINT LEGIBLY!)

Last Name _____

First Name _____

Address _____

City _____ State ____ Zip _____

EMERGENCY CONTACT

Name _____ Phone # (____) _____ Relationship _____

PHONE #'s

Cell Phone (____) _____

Home Phone (____) _____

Work Phone (____) _____ Ext. _____ Email Address: _____

OTHER INFO

What other exercises do you do?

How often? _____

Occupation? _____

How did you hear about THE BAR METHOD? (Circle one)

Bar Method Friend Internet Magazine Newspaper TV Other:

NAME: _____

• **INJURIES OR PHYSICAL LIMITATIONS**

1. Have you had any injuries in the past five years? _____

2. How resolved? _____

3. Any residual effects? _____

4. Any other physical limitation that could limit exercise? _____

 Please describe: _____

5. Are you currently under a doctor's care? _____

6. What is the diagnosis? _____

7. Name of doctor: _____ City: _____

8. Do you have a history of heart trouble, lupus or asthma? _____

 Please describe: _____

9. Do these conditions affect your exercise? _____

10. **FOR WOMEN:** Could you possibly be pregnant? _____

• **EXERCISE GOALS:** _____

INTRODUCTORY OFFER ONLY

**YOU MAY FREEZE ONE (1) TIME DURING THE MONTH.
PLEASE NOTIFY DESK ON OR BEFORE FREEZE DATE.
FREEZES ARE NOT RETRO-ACTIVE.
LATE NOTIFICATION WILL NOT BE HONORED.**