

Welcome to Fit It In Fitness & Pilates



DATE: _____

Name:
Cell:
Email:
Date of Birth:
Emergency Contact:
Describe any medical concerns or injuries that may affect your participation.
What daily activities and exercises do you currently participate in?
In general, what are your health and fitness and activity goals?
What else would be helpful for me to consider?
I am interested in: Private Sessions _____ Duet Sessions _____ Classes _____



Jennifer Lamy, BSc. Kin, CSEP-CPT, STOTT PILATES Instructor, Postpartum Corrective Exercise Specialist

jlamy.fititjin@gmail.com

587.877.1135



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Liability Waiver

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge this release, any representative, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected with and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

Signature: _____

Date: _____

Print Name: _____

Witness: _____

Date: _____

Print Name: _____

Cancellation Policy

Please initial by each line

Private Sessions, Duet Sessions and Classes are not refundable. _____

24 Hours notice is required to cancel Private and Duet Sessions without charge. _____

Private and Duet Sessions expire 6 months from the date of purchase. _____

If Jen Lamy cancels, you will be given credit toward your next session or class. _____



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