

CANDACE N. WALTERS

CERTIFIED PILATES MAT, APPARATUS & **GYROTONIC®** EXERCISE INSTRUCTOR

candace@spiralandlinemovement.com
www.spiralandlinemovement.com
(646) 246-6850

Both the Pilates and **GYROTONIC®** exercise methods offer body conditioning with an emphasis on mind-body connection and the core muscles of the body. The Pilates method, developed by Joseph Pilates, has been around almost a century. The **GYROTONIC®** method, developed by Juliu Horvath around 30 yrs ago, is still growing in it's method and popularity.

WHAT TO EXPECT

- Both methods, although completely separate from each other in creation, help improve strength, joint function, flexibility, breath flow and posture in the body.
- Exercises are executed with a focus on the abdominal area, breath flow, and mind-body awareness.
- Props may be used to enhance the principles of the work on the equipment.

Name: _____ GENDER: _____ D.O.B. _____

Address: _____

Email address: _____ Do you wish to be put on my Monthly Newsletter e-mail list? Y N

Phone 1: _____ Phone 2: _____ Ok to receive Texts? Y N

Referred by someone? _____ Past Experience with Pilates or **GYROTONIC®** Exercise? Y N

How Long & Where? _____

Past Exercise Experience (include any mind-body exercise): _____

Current Exercise Regimen, Frequency & Goals: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Physician: _____ Email: _____ Phone: _____

Current Medical Conditions, Injuries, Chronic Pain or Medication that may affect your comfort and/or ability to exercise: _____

PLEASE CHECK ANY CONDITIONS (PAST OR PRESENT) THAT APPLY:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Adrenal Fatigue | <input type="checkbox"/> Diastasis Recti | <input type="checkbox"/> Heart Disease/Attack | <input type="checkbox"/> Sciatica |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Digestive Issues | <input type="checkbox"/> Inner Ear/Vertigo | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Asthma/Respiratory | <input type="checkbox"/> Eyesight Issues | <input type="checkbox"/> Lymph System Issues | <input type="checkbox"/> S.I. Joint Issues |
| <input type="checkbox"/> Auto-Immune Disease(s) | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Sinus Issues/Surgery |
| <input type="checkbox"/> Bursitis | <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Nervous System Issues | <input type="checkbox"/> Spondyloisthesis/lysis |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Herniated/Bulging Disc(s) | <input type="checkbox"/> Orthopedic/Joint | <input type="checkbox"/> Stenosis |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Hernias | <input type="checkbox"/> Osteopenia/Osteoporosis | <input type="checkbox"/> Tendonitis |
| <input type="checkbox"/> Chronic Headaches | <input type="checkbox"/> High/Low Blood Press. | <input type="checkbox"/> Peripheral Neuropathy/
Thoracic Outlet | <input type="checkbox"/> TMJ |
| <input type="checkbox"/> Diabetes / Hypoglycemia | <input type="checkbox"/> Hypertension | | <input type="checkbox"/> Thyroid Issues |

Pregnant? Y N Weeks along: _____ Prior Deliveries, Surgeries or Complications with Births: _____

Please expand on the above list (if necessary): _____

CANDACE N. WALTERS

CERTIFIED PILATES MAT, APPARATUS
& **GYROTONIC®** EXERCISE INSTRUCTOR

candace@spiralandlinemovement.com
www.spiralandlinemovement.com
(646) 246-6850

PLEASE READ AND THEN SIGN BELOW. THANK YOU.

POLICIES:

- **24-hour Cancellation Policy:** Please try to cancel sessions before the 24hr period surrounding your appointment time, so as not to incur the full session fee.
- *If you have to cancel within the 24hr timeframe, please text or call my cell phone (646) 246-6850.*
- Sessions cancelled after the 24hrs period must be paid in full by client, or taken out of your current package (cost = full session fee)
- *Exceptions will only be made for extenuating circumstances or emergencies (1 slide per year)*
- **All sessions are 55 minutes** (unless booked with Candace otherwise)
- **Payment:** required, in full, by the end of session (cash or check)
- **6 months expiration date on all purchases and auction donations**

WAIVER:

I agree that I have enrolled in a program of physical activity using, but not limited to, Pilates & **GYROTONIC®** equipment and props. I assume the responsibility for any risk, damage,

or injury, which may result from participating in a session taught by Candace N. Walters. I hereby release Candace N. Walters from any and all damages, claims and injuries.

Client Signature

/ /
Date