

Privately Pilates

Welcome. To better serve you, we ask that you please take a moment and complete this form.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____

Date of Birth _____ Occupation _____

Who should we contact in an emergency?

Name _____ Relationship _____ Phone _____

Please indicate whether you have experienced any of the following:

____ Hypertension ____ Chest Discomfort ____ High Cholesterol ____ Diabetes

____ Heart Disease ____ Metabolic Disorders ____ Cancer ____ Arthritis

Describe your physical history. List all your major injuries, illnesses, ailments, surgeries, pregnancies and any significant medical treatments you've undergone. Indicate which parts of your body were involved, specifying Left (L) or Right (R) where appropriate:

____ Head ____ Arm/Hand ____ Lower Back ____ Hip/Pelvis

____ Neck ____ Upper Back ____ Ribs ____ Knee

____ Shoulder ____ Middle Back ____ Abdomen ____ Ankle/Foot

Describe your present physical condition, including any medication you may be taking:

List all your current athletic activities:

What fitness and wellness goals do you hope to achieve through Pilates?

Privately Pilates

Waiver of Liability and Informed Consent Release

I hereby certify that I am voluntarily participating in a physical conditioning and exercise program based on the work of Joseph Pilates at Privately Pilates of Ardmore, PA. I hereby agree and affirm that I am in good physical condition, that I have my physician's approval if necessary, and do not suffer from any disability that would prevent or limit my participation in this program. In addition, I hereby state and certify that I fully understand the potential risks of the program, after having had the opportunity to inquire in detail regarding all aspects of the program, and to have all of my questions satisfactorily answered.

I agree to release from all liability and to indemnify Privately Pilates and its owners, agents and all representatives from and against all claims, actions, judgements, costs, expenses and demands with respect to injury, loss, death or damage to my person or property in connection with my taking part in the program as stated above. It is fully understood and I do hereby agree that this Agreement will be binding on myself, my heirs, executors, administrators and assigns.

Privately Pilates has a 24 hour cancellation policy. Should you be unable to keep a scheduled studio appointment, you agree to notify either your instructor or the studio at least 24 hours prior to the scheduled appointment. Failure to do so will result in being charged for the full amount due.

I hereby assert that I have read the above, and agree to its terms, including the limitation of liability and the cancellation policy. Intending to be legally bound, I make this Agreement on this _____ day of _____

Client Signature:

Witness:
