

## Client profile and medical history

Name \_\_\_\_\_ Date \_\_\_\_\_

Preferred phone \_\_\_\_\_ Email \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Prov. \_\_\_\_\_ PC \_\_\_\_\_

Occupation \_\_\_\_\_ Emergency contact \_\_\_\_\_

What specific fitness or health goals would you like to achieve through Pilates?

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Please describe any current and past exercise programs, sports, and physical activities.

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What does your typical day involve physically? Eg. sitting at a computer, heavy lifting, caring for children, standing for long periods of time? \_\_\_\_\_

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Please describe any injuries, pains or surgeries? Are they current or past? Please check off all body parts that apply and specify Right (R) or Left (L) where appropriate.

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Head       Hand       Mid Back       Abdomen       Foot/Ankle

Neck       Arm       Lower Back       Hips/Pelvis

Shoulder       Upper Back       Ribs       Knee

Do you have any health conditions? Please check off all that may apply.

High Blood Pressure       Heart Problems       Scoliosis       Pregnancy \_\_\_\_\_

Diabetes       Asthma       Arthritis       Other \_\_\_\_\_

Epilepsy       Osteoporosis

Do you have any experience with Pilates? \_\_\_\_\_

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How did you hear about Studio 19 Pilates? \_\_\_\_\_

## RELEASE AND INDEMNITY AGREEMENT

### THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. READ IT CAREFULLY!

The undersigned hereby confirms that he/she is aware that there are risks associated with participation in any fitness and exercise activities including in participating in fitness and exercise programs of the type offered at STUDIO 19 PILATES LTD (the "Programs"). By participating in any Programs offered at STUDIO 19 PILATES LTD, the undersigned confirms the he/she is prepared to assume responsibility for any and all risks, including, risks of personal injury, death, property damage or loss to yourself or any other person that may arise as a result of his/her participation in any of the Programs.

It is a condition of the undersigned's participation in any Programs offered at STUDIO 19 PILATES LTD that the undersigned sign this Release and Indemnity Agreement.

In consideration of STUDIO 19 PILATES LTD allowing the undersigned to participate in any Programs offered at STUDIO 19 PILATES LTD, the undersigned hereby agrees for him/herself, his/her heirs, next of kin, executors and administrators:

- (a) to waive all claims that the undersigned has or may have in the future against STUDIO 19 PILATES LTD, its owner(s), agents, employees, volunteers, business operators, independent contractors, lessor and invitees (the "Releasees");
- (b) to release and forever discharge the Releasees from all liability for any personal injury, death, property damage or any other loss resulting from the undersigned's participation in any Programs or attendance at STUDIO 19 PILATES LTD' business premises, howsoever arising, including, personal injury, death, property damage or any other loss resulting from negligence (i.e. failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract, mistake or error of judgment of the Releasees or any of them; and
- (c) to indemnify and save harmless STUDIO 19 PILATES LTD, its owner(s), agents, employees, volunteers, business operators, independent contractors, lessor and invitees from and against all actions, causes of action, proceedings, claims, damages, costs and demands, including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with the undersigned's participation in any Programs at or the undersigned's attendance STUDIO 19 PILATES LTD' business premises.

### THE UNDERSIGNED ACKNOWLEDGES HAVING BEEN ADVISED TO CONSULT WITH HIS/HER PHYSICIAN PRIOR TO STARTING ANY EXERCISE OF FITNESS PROGRAM.

The undersigned hereby agrees that STUDIO 19 PILATES LTD will not be liable or responsible for any damage to, loss or theft of the undersigned's property.

Client's name (please print) \_\_\_\_\_

Client's signature: \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian to sign if participant is under 19 years of age)

**Studio Etiquette**

- Please be sure to wipe down all equipment you have used after your session
- Please do not chew gum during your session
- If you are sick, please reschedule your appointment
- For hygienic reasons we also suggest non-slip grip socks be worn. Otherwise barefoot is best
- Please turn off you cell phone to avoid interruption of your session

**Studio Policies**

- All lessons must be paid for in advance and are non-refundable and non-transferrable
- All prices do not include GST and are subject to change without notice
- All packages have a 6 month expiry after your first visit, please take note of this date

**Cancellation Policy: Please note that 24 hours is required for a cancellation, otherwise you will be charged the full cost of the lesson.**

**Client's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_