



Waxwing Pilates Intake Form

46 N Last Chance Gulch suite 1C, Helena MT 59601

Name _____
 Preferred pronouns _____
 Birth Date: _____ Current Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Preferred Phone: _____ cell home work
 Email: _____
 Occupation: _____
 Emergency Contact: _____
 Relationship: _____
 Emergency Contact Phone: _____
 What is your preferred method of communication?
 e-mail phone text other: _____

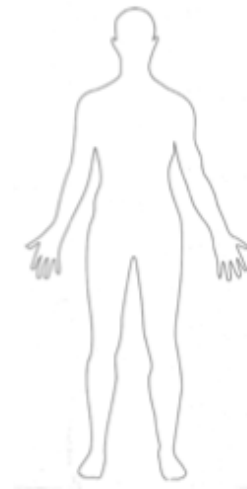
Have you done Pilates before? _____
When/where? _____
What brought you here today?

What are you hoping your Pilates education experience will provide you with?

Describe and indicate any current injuries, pain, physical limitations or issues you are dealing with.



R Front L



L Back R

Describe any PAST major injuries, physiological issues, or conditions that affected your mobility and function.

Please describe the following, as they apply to you:

head trauma	
neck/shoulder pain	Please list: _____
rotator cuff (R/L)	fractures/ stress fractures
elbow/wrist pain (R/L)	Please list: _____
carpal tunnel syndrome (R/L)	ACL/MCL tear (R/L)
herniated disc(s)	patellar misalignment (R/L)
vertebrae involved _____	shin splints (R/L)
low back pain	plantar fasciitis (R/L)
sciatica	corns/bunions
sacro-iliac joint dysfunction	hernia _____
pulled muscle/strain/sprain	other _____

Please list surgeries

Are you currently seeing a healthcare provider for listed condition(s)? _____

What kind of specialist? _____

NOT REQUIRED - Please list any medications that you take.

List current or recent activities and sports.

Agreement with Waxwing Pilates, LLC



By engaging in Pilates with Waxwing Pilates, LLC every client agrees and represents to be healthy and able to do Pilates. Pilates is a collaborative endeavor. Any person practicing Pilates has a responsibility to that person's own self to follow instructions and participate in stretching, resistance activities and poses, and otherwise engage in Pilates only to the degree that it does not cause pain or injury. A person engaging in Pilates to the point where it causes pain or injury will have, by the nature of the practice, exceeded the instruction or expectation of a Pilates instructor. Nothing about the practice of Pilates, or the instruction of Waxwing Pilates, LLC, should be considered medical treatment or physical therapy. For any care or therapeutic needs, Waxwing Pilates, LLC recommends that a client seek care from a competent and properly licensed professional. If you have a condition necessitating care or physical therapy, or which otherwise might limit your ability to engage in a physically strenuous fitness program, including but not limited to being pregnant or having recently been pregnant, you should avoid Pilates unless you can provide your instructor with a written permission or scope of participation guideline from a licensed physical therapist, medical doctor, or other properly licensed care professional.

Every client agrees to make and keep appointments, to fully and fairly communicate any information about that client's ability to participate, and to make payment in full prior to or at the time of a scheduled appointment or series of appointments. If a client cancels an appointment by 9:00pm on the evening prior to a scheduled appointment, Waxwing Pilates, LLC will allow the client to either reschedule or refund payment for that appointment at the sole discretion of Waxwing Pilates, LLC. If a client cancels for reasons other than illness or emergency, after 9:00pm the evening prior to the scheduled appointment, Waxwing Pilates, LLC may reschedule or charge for that time even in light of the cancellation, again at the sole discretion of Waxwing Pilates, LLC. If, for any reason, Waxwing Pilates, LLC cancels an appointment, a client's payment for that appointment will be refunded or credited to the client's account at the client's discretion.

By signing below, you hereby acknowledge that your instructor may be providing services to you as an independent contractor and not as an employee, partner or co-venturer of Waxwing Pilates, LLC.

Waxwing Pilates, its successors, assigns, employees, officers, directors, shareholders, and all persons, corporations, partnerships, and other entities with which it is or may in the future become affiliated. I, the client, acknowledge all exercise and participation is done at my own risk, and Waxwing Pilates are not liable for personal injury, theft or loss of personal property. I also acknowledge that Waxwing Pilates will not accept responsibility for theft or damage done to personal property. I waive all rights and rights of my heirs, administrators, executors, successors and assigns, and hereby agree to release the operator, building owner, building manager, any of its subsidiaries, and Waxwing Pilates from and indemnify Waxwing Pilates against, any and all claims, including, but not limited to, personal injury, including bodily injury or death, and all property damage, whether or not based on the acts or omission of Waxwing Pilates, arising out of or in any way connected with the use of Waxwing Pilates facilities by myself, my Guests, or Invitees. The terms and conditions contained herein, along with the Rules and Regulations, constitute the full agreement between Waxwing Pilates and the client, and no oral promises made are a part of it.



The World Health Organization has declared the novel Coronavirus (COVID-19) a worldwide pandemic. Due to its capacity to transmit from person-to-person through respiratory droplets, the government has set recommendations, guidelines, and some prohibitions which XYZ Company, LLC. (the "Organization") adheres to comply.

In consideration of my participation in the foregoing, the undersigned acknowledge and agree to the following:

_____ I am aware of the existence of the risk that my participation in this activity in the physical venue may cause injury or illness such as, but not limited to influenza, MRSA, or COVID-19 that may lead to paralysis or death

_____ I have not experienced symptoms of fever, fatigue, difficulty breathing, or dry cough exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days.

_____ I have not, nor any member(s) of my household, been diagnosed to be infected with COVID-19 virus within the last 30 days.

By signing here, I agree to participate in this movement program with Waxwing Pilates, LLC. I have read and understood this Agreement with Waxwing Pilates, LLC.

Signature

Date