

PILATES KING, LLC

New Client Form Release & Waiver

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ home/mobile/office (circle one) DATE OF BIRTH _____

Health –list any physical or medical conditions and/or limitations that you now have or have had in the last five years.

Emergency Contact Name _____ Relationship: _____

Phone: _____

I, _____, understand that I am participating in Pilates classes offered by PILATES KING, LLC, during which I will receive information and instruction about movement and health. I understand that the practice of Pilates involves physical exertion that may be strenuous and may cause injury, and I am fully aware of the hazards involved. I also understand that it is my responsibility to consult with a physician prior to and regarding my participation in Pilates. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in Pilates. In consideration of being permitted to participate in Pilates offered by PILATES KING, LLC, I agree to assume the full responsibility for any risks, injuries or damages, known or unknown that I may incur as a result of participating in these classes. I knowingly, voluntarily and expressly waive any claim I may have against PILATES KING, LLC, and/or Ade McCray, for injury or damages that I may sustain as a result of participating in the classes or sessions. I, my heirs and legal representatives forever release, waive, discharge and covenant not to sue PILATES KING, LLC, and/or Ade McCray, for any injury or death caused by myself (the client) or other acts. I acknowledge that it is my responsibility to inform the instructor when I begin a class of any injury or other condition that might affect my ability to participate, and to inform the instructor at each class I attend. I also acknowledge that if I do wish to receive hands-on assistance, it is my responsibility to inform the instructor when an assist has gone as far as I desire at that time.

PILATES REGISTRATION RELEASE & WAIVER OF LIABILITY FORM HEALTH HISTORY FORM The Health History Form is designed to help identify individuals for whom physical activity might be inappropriate at the present time, and to help your trainer design a fitness program based on your individual needs. It is not intended as a substitute for a complete physical examination and assessment by a physician. It is recommended that each client undergo a medical examination prior to the initiation of any exercise program. With this understanding, please answer the following questions accordingly.

1. Do you currently have an illness or infection? Yes No If yes, please explain. _____
2. Have you been hospitalized or had major surgery within the last year? Yes No If yes, please explain _____
3. Are you pregnant or have you given birth within the last two years? Yes No
4. Do you have a history of the following conditions? Circle all that apply. Diabetes Emphysema Family History of Heart Disease Liver Disorders Smoking Kidney Disorders Asthma Arteriosclerosis Cancer Eating Disorders HIV/AIDS Panic Attacks Irregular Heartbeat Seizures Thyroid Disorder High Cholesterol Bronchitis Depression Heart Attack High Blood Pressure Drug +/- Alcohol Addiction Osteoporosis/Osteopenia
5. Do you have any other medical condition not previously mentioned? Yes No If yes, please explain _____

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- 6. Do you have a history of the following injuries or orthopedic problems? Circle all that apply and list date of your injury. Joint problems Disc Issues Low Back Pain Sciatica Tendonitis Nerve Pain Shoulder/Neck Pain Arthritis Bursitis Knee Pain
 - 7. Are you currently receiving any physical therapy? If yes, please explain _____
 - 8. Are you currently taking any medications? Yes No If yes, list medication AND condition _____
 - 9. Current Fitness Activities _____
 - 10. GOALS _____
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24-Hour Cancellation Policy: In regards to Private classes, I understand that if I do not allow at least 24 hours' notice before canceling a scheduled session I will be responsible for the full service charge. Please initial: _____

I have carefully read the above Release and Waiver of Liability and fully understand and voluntarily agree to the above.

SIGNATURE _____ **DATE** _____