



New Student Information Sheet

Please fill out completely before you participate in Pilates or yoga lessons:

Name _____

Address _____ City _____

State _____ Zip _____ Telephone _____

Emergency contact name _____ Phone _____

Email _____ Date of Birth _____

Have you ever participated in yoga? Y or N? If yes, when & how often?

Have you ever participated in Pilates? Y or N? If yes, when & how often?

Do you have medical restrictions or conditions? Yes No

If Yes, please explain _____

Body & Soul Activity Disclaimer

I, hereby consent as a participant in Body & Soul Movement instruction, agree to assume all of the risks involved. I understand that Body & Soul Movement does not provide medical insurance relative to accidents, injuries and/or death as a result of program related activities; and that I can not hold Body & Soul Movement or affiliated Body & Soul Movement instructors personally responsible for any liability. _____ (initial)

I recognize that any form of physical activity is a potentially hazardous one and that they involve a risk of possible injury or even death. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of injury and/or death. _____ (initial)

I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease or other illness that would prevent my participation in Body & Soul Movement activities. I declare that I have disclosed any and all medical history to Body & Soul Movement and/or their affiliates relevant to participation. _____ (initial)

Signature _____ Date _____