



NAME: _____

ADDRESS: _____ **CITY/STATE/ZIP** _____

PHONE: Home _____ Daytime (work) _____

Cell _____ email address _____

BIRTHDAY __MM__DD____YYYY **OCCUPATION** _____

Emergency Contact Name/Relationship: _____ **Phone:** _____

For the following questions, please circle YES or NO:

Do you have any foot, ankle, or knee problems?	Yes	No
Do you have any leg or hip problems or pain?	Yes	No
Do you have any back problems or pain?	Yes	No
Do you have any neck problems or pain?	Yes	No
Do you have any hand, arm, elbow, or shoulder problems or pain?	Yes	No
Do you have osteoporosis or osteopenia?	Yes	No
Do you have vertigo/dizziness?	Yes	No
Do you have any lung or breathing problems?	Yes	No
Do you have any heart problems?	Yes	No
Have you had any surgeries?	Yes	No
Are you pregnant?	Yes	No
Do you have a chronic pain, acute, or temporary pain?	Yes	No

Please briefly describe any "YES" circled answers to the previous questions:



Please list any current injuries that you have:

Please list any physical limitations you have:

What are your hobbies?

What is your job like: (i.e. standing, sitting, bending, and rotating)?

What are your goals for participating in Pilates / Yoga sessions?

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

This Release, Waiver and Hold Harmless Agreement is made by and between the undersigned (client) and Longevitá Pilates, and entered into on the day month and year below. Longevitá Pilates provides instruction in the Pilates Method of physical conditioning. The parties to this agreement recognize that participation in this activity could lead to physical injury to the client. Client desires to undertake Longevitá Pilates program with the full knowledge of the possibility that physical injuries could result from it and desires to assume the risk of any such injury.

The parties recognize that Longevitá Pilates will not be able to provide its program to client without the execution of the agreement. Therefore, the client in consideration of the above and the exercise classes to be provided, hereby waives all claims for damage or loss to person or property with may be caused by any act, or failure to act of Longevitá Pilates instructors, staff, partners or employees. Client assumes risk of all dangerous conditions in and around the premises and waives any and all specific notice of the existence of such conditions. Client also assumes the risk of any and all injuries that might result from participating in Longevitá Pilates exercise programs.



I _____ have enrolled in a program of physical activity including but not limited to the use of various Pilates machinery offered by Longevitá Pilates. I understand that participation in the Pilates Method exercise, Yoga, and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, muscle/movement patterns, illness, or medical disabilities.

I hereby affirm that I have and will keep Longevitá Pilates fully informed of any existing physical condition or disability, which would prevent or limit my participation in an exercise or physical-conditioning program. I will also keep Longevitá Pilates informed of any physical condition or disability arising from my participation in the exercise program. I understand this information is held confidential and is for the sole purpose of providing safe and prudent guidelines for my program at this studio. Also, women, if you are pregnant, please inform the instructor prior to enrolling as this may affect your participation in a class or personal instruction.

In consideration of my participation in Longevitá Pilates exercise program, I, my heirs and assigns, hereby release Longevitá Pilates (its employees and owners), from any claims, demands, and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in Longevitá Pilates exercise program and I hereby release Longevitá Pilates from any liability, now or in the future, including but not limited to heart attacks, muscle strains/pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program.

I HAVE READ THE TERMS AND CONDITIONS FOR PARTICIPATION INCLUDING THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, AND FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE _____

DATE _____

PARENT/GURDIAN'S SIGNATURE _____
(If client is under the age of 18)

DATE _____