



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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact/Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Birthday: MM \_\_\_\_ DD \_\_\_\_ YYYY \_\_\_\_ Occupation: \_\_\_\_\_

How did you hear about Longevity? \_\_\_\_\_

If referred, who referred you to our studio? \_\_\_\_\_

What are your hobbies? \_\_\_\_\_

What is your job like? (i.e., standing, sitting, bending, rotating, and lifting heavy objects)? \_\_\_\_\_

What are your goals here at the studio? How can we help you? \_\_\_\_\_

Are you interested in Yoga, Hot Yoga, Pilates, Barre, or any other fitness regimen? \_\_\_\_\_

Foot, ankle, or knee problems?	Yes	No
Leg or hip problems?	Yes	No
Neck problems?	Yes	No
Hand, arm, wrist, elbow, or shoulder problems?	Yes	No
Osteoporosis or osteopenia?	Yes	No
Do you have vertigo/dizziness?	Yes	No
Lung or breathing problems?	Yes	No
Heart problems?	Yes	No
Any surgeries we should know about? (back, knee, ankle, shoulder, hip, foot, etc.)	Yes	No
Pregnant?	Yes	No
Any chronic pain, acute, or temporary pain?	Yes	No

Please briefly describe and "YES" circled answers to the previous questions: \_\_\_\_\_

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

1. I am participating in the classes, programs, workshops, trainings or events (“Offerings”) offered by Longevita Pilates & Yoga Studio, LLC, during which I may receive information and/or instruction. I recognize Offerings are voluntary and may involve physical exertion, may be strenuous and may involve bodily risk. I am fully aware of the risks involved, will not engage in any inappropriate conduct, and assume all risk of harm from Offerings.
2. I understand that it is my responsibility to consult a physician prior to and regarding my participation in Longevita Pilates & Yoga Offerings. I represent and warrant that I am in good medical condition and have no condition preventing my participation in Longevita’s Offerings. I recognize that it is my responsibility to inform Longevita of any impairment, illness or injury before every offering I attend. I will not engage in any practices that are inappropriate for me.
3. If at any time Offerings or facilities appear unsafe, I will immediately notify an appropriate party.
4. I understand that, individually and on behalf of my heirs, assigns, personal representatives or any other associated party (“Relatives”), I agree to release, acquit and forever discharge Longevita and/or its owners, employees, agents, officers, representatives, teachers, contractors, volunteers, the owner of the premises, all other related persons or entities, etc. (“Longevita and Others”), from any and all liability whatsoever resulting from any damages, losses or injuries (including death) that might arise in any way out my activities. I/We assume all risk of injuries associated with participation including, but not limited to, falls, contact with other participants, the effects of high heat and/or humidity, and all other such risks being known and appreciated by me. In other words, if I am harmed in any way my Relatives and I are broadly agreeing to waive and forever extinguish the ability to seek damages from Longevita and Others to the maximum extent permitted by Washington law. Additionally my Relatives and I agree to release, discharge and hold Longevita and Others harmless from liability for injuries, illnesses, medical bills, damages, etc. incurred and in any way related to Offerings.
5. Longevita Pilates & Yoga Studio, LLC is in no way responsible for the safekeeping of my personal belongings while I attend Offerings. Longevita and Others have no liability for loss or damage.
6. I am fully aware that Longevita will, on occasion, modify, remove, add, cancel or otherwise change Offerings and Others have no liability for any such changes. I am fully aware that Longevita will, on occasion, change rates for their Offerings. Longevita and Others have no liability for any such changes.
7. The above terms may not be modified orally and if any portion of this waiver and release is found to be invalid, the balance shall remain in full force and effect.

By voluntarily and knowingly signing below, I am acknowledging that, among other things, I have carefully read this entire release and waiver, understand its terms without reservation and, accordingly, my Relatives and I are waiving substantial legal rights.

PARTICIPANT’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN’S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(If client is under the age of 18)