

INSIDE OUT PILATES STUDIO
Health and History Form
561-741-7559

Today's Date: ____ / ____ / ____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Occupation: _____ Place of Work: _____

Date of Birth: ____ / ____ / ____ Height: _____ Weight: _____ Age: _____ Sex (Circle): M F

Email address for notification of specials, etc.: _____

Can we contact you by text if we need to reach you (Circle)? Yes No

How did you hear about us: _____

Emergency Contact Name: _____ Phone: _____

Please circle any of the following that apply:

- | | | | |
|---------------------|----------------|---------------------|----------------|
| High Blood Pressure | Respiratory | Postpartum | Neurological |
| Seizures | Fractures | Diabetes | Hernia |
| Liver Disease | Smoker | Allergies | Scoliosis |
| Pregnant | Balance | Asthma | Recent Surgery |
| Chronic Illness | Arthritis | Cancer | Joint Problems |
| Back Problems | Heart Problems | Shortness of Breath | |

If you circled any of the above, please explain: _____

Current medications: _____

What are your fitness goals? _____

Are there any other things you would like to tell us about your health? _____

Current physical activity level and exercise: _____

Have you ever taken Pilates? If so, where and when? _____

Are you under the care of a physician, chiropractor, or massage therapist for any musculoskeletal problem?

If yes, the reason or reasons: _____

List any major surgeries or illnesses: _____

Waiver Form

This form is an important legal document. It explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand it completely. After you have done so, please print your name legibly and sign in the spaces provided below.

Waiver and Covenant Not to Sue

I, _____, have volunteered to participate in a program of physical exercise under the direction of Inside-Out Studios, which will include, but may not be limited to, weight and/or resistance training. In consideration of Inside-Out Studios agreement to instruct, assist, and train me, I do here and forever release and discharge and hereby hold harmless, Inside-Out Studios, and their respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program (and including their negligent and/or omissions) any injuries resulting there from.

Assumption of Risk

I, _____, recognize that exercise might be difficult and strenuous and that there could be dangers inherent in exercise for some individuals. I acknowledge that the possibility of certain unusual physical changes during exercise does exist. These changes include abnormal blood pressure, fainting, disorders in heartbeat, heart attack, and in rare instance, death. I understand that physical contact is an integral part of this exercise program and is done in a therapeutic manner. I understand that as a result in my participation in an exercise program, I could suffer an injury or physical disorder that could result in my becoming partially or totally disabled and incapable of performing any gainful employment or having a normal social life. I recognize that all participants, prior to involvement in any exercise program, should obtain an examination and clearance to participate by a physician.

If I, _____, have chosen not to obtain a physician's permission prior to beginning the exercise program with Inside-Out Studios, I hereby agree that I am doing so at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all activities and/or exercise in which I participate. I acknowledge and agree that no warranties or representatives have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

Signature

Date

Print Name