



INTRO TO PILATES

INSTRUCTOR: ERIN GAUGH 636-795-3202

New Client Information Date:

Client Name:	Birth Date:
Address:	Phone:
Email:	Emergency Contact:
Occupation:	

Health Questionnaire: How many days a week do you usually exercise:

Prior Injuries:

Illnesses: Pain:

Current Injuries: Spinal Issues:

Pregnant: Y Osteoporosis: Y

Major Surgeries: Heart Problems:

History of heart, breathing, chest, lung problems:

Muscle Issues: (circle any that apply)	Carpal Tunnel	Thoracic Outlet Syn.
Adhesive Capsulitis Rotator Cuff Impingement	Plantar Fasciitis	Fibromyalgia
Peripheral Neuropathy		M.S.

Have you been treated for (circle all that apply):	Arthritis	Chronic Fatigue
High Blood Pressure Gastric Reflux	Glaucoma	Heart Disease

Physical Limitations: Other Therapy:

Orthopedic Issues: (circle all that apply)	Facet Joint Syn.	Herniated Disc
Anterior Cruciate Ligament Knee Injury	Total Hip Rep.	Spondylolisthesis

Current exercise program:

Reason for Pilates:

Have you practiced Pilates before: Y

Core Stability

Stress Relief

Strength

Posture

Control

Flexibility

Relaxation

Toning

Your fitness goals?

Date:

Signature:

I understand that I am participating in a new exercise program at my own risk. I have not been advised by a doctor stop exercise.

Informed Consent:

This Pilates program will begin at a low level and will be advanced in stages depending on my fitness level. I understand the nature of this activity and I believe I am qualified to participate. I acknowledge that I'm aware the activity will be conducted in facilities open to the public during the activity. I will stop the exercise session due to signs of excessive fatigue or strain. I will exercise at my own rate of comfort and, if at any time, I experience pain or discomfort, I may stop. I recognize that the instructor offers only a guideline as to the limitations of my ability.

I fully understand that: (a) Radiate Pilates Activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death; (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or the Negligence of the Releasees named below; (c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES incurred as a result of my participation in the Activity.

I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Radiate Pilates, their respective administrators, directors, agents, officers, volunteers, and employees, other participants, any sponsors, advertisers, and if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the releasees herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations and further agree that if, despite this release, I or anyone on my behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE HOLD HARMLESS EACH OF THE RELEASEEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE OR COSTS ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

There exists the possibility of certain dangers while exercising abnormal blood pressure, fainting irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke or death. Every care will be taken to minimize these risks by proper evaluation relating to your health and fitness. I understand that I should contact my Medical Professional regarding a new exercise program. I understand the instructor can accept no liability for personal injury related to participation in a session if:

1. My doctor has, on health grounds, advised me against such exercise.
2. I fail to observe instructions based on safety and technique.
3. Any injury is caused by the negligence of another participant in the class.

Terms and Cancellations:

- Sessions must be paid in full on the day of the session prior.
- Cancellations must be received a full 24 hours in advance to receive a full refund. A fee may apply.

I understand and have read the above terms and conditions. I understand I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid that the balance, notwithstanding, shall continue in full force and effect.

Signature/Printed Name

Date