

 Pilates EQ	Client Profile/ Health history/ Insurance Waiver
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Last Name:		First Name:	
Address:		City:	Postal code:
Home Ph.:		Business Ph.:	Cell Ph.:
Occupation:		Birth Date: (DD/MM/ YY) (____/____/____)	Age: Sex: (circle) M / F
Height:	Weight:	Email Address: _____ (required for appt's & receipts)	<input type="checkbox"/> Yes, I'd like to receive email newsletter and information <input type="checkbox"/> No, Thanks anyway
Date: (DD/MM/YY) _____		I verify that the information provided is accurate and complete: Signature: _____	

Were you referred by someone?/ How did you hear about us?

Fitness/ Health History

Do you have pilates experience:	(circle) Yes / No	If yes: describe when taken and level:
What is your current level of fitness:	What activities and how often:	
Do you have any current injuries:	(circle) Yes / No	Please describe:
Prior injuries that can cause issues with activity:	(circle) Yes / No	Please describe:
Have you had any surgeries?	(circle) Yes / No	Please describe include they when occurred:
Are you currently pregnant?	(circle) Yes / No	How many pregnancies and deliveries have you had? Did you have a C section? Yes / No

Have you been diagnosed or treated by a physician for: Please check those that apply	<input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Arthritis <input type="checkbox"/> Osteoporosis or Osteopinea <input type="checkbox"/> Chronic Fatigue Syndrome <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> High or Low Blood Pressure <input type="checkbox"/> Gastric Reflux <input type="checkbox"/> Glaucoma <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Peripheral Neuropathy (numbness/tingling/diminished sensation) <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Fibromyalgia	<input type="checkbox"/> Orthopedic/ Joint Problems (Shoulder/elbow/spine/hip/knee) <input type="checkbox"/> Plantar Fasciitis <input type="checkbox"/> Knee Injuries/ ACL/ MCL/ other <input type="checkbox"/> Adhesive Capsulitis (frozen shoulder) <input type="checkbox"/> Carpal Tunnel Syndrome <input type="checkbox"/> Rotator Cuff Impingement <input type="checkbox"/> Thoracic Outlet Syndrome <input type="checkbox"/> Facet Joint Syndrome <input type="checkbox"/> Herniated or Bulging Disc <input type="checkbox"/> Spondylolistheseis <input type="checkbox"/> Stenosis <input type="checkbox"/> Hip Replacement or __Knee Replacement <input type="checkbox"/> Other _____
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READ BEFORE SIGNING
WARRANTY AND CONSENT

ASSUMPTION OF RISK
RELEASE AND WAIVER OF LIABILITY
INDEMNITY AGREEMENT

IN CONSIDERATION of allowing me to participate in the programme, related events and activities (referred to collectively as "programme") of Pilates EQ, its agents, instructors, employees, representatives and assigns (collectively referred to herein as "Releasees"):

I WARRANT TO YOU THAT:

1. I am familiar with the risk of serious injury and death which any participant in this programme must assume, and
2. I believe that I am physically, emotionally and mentally able to participate in this programme, and
3. I understand that all applicable rules for participation must be followed and that at all times the sole responsibility for personal safety remains with me, and
4. I will immediately remove myself from participation, and notify Pilates EQ, if at any time I sense or observe any unusual hazard or unsafe condition or if I feel that I have experienced any deterioration in my physical, emotional or mental fitness for continued participation in the programme.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin, that my participation in this programme and execution of this document constitutes:

1. an unqualified ASSUMPTION OF ALL RISKS associated with participation in this programme by me even if arising from negligence, or gross negligence, including any compounding or aggravation of injuries caused by negligent rescue operations or procedures, of the programme organizer and any persons associated therewith or participating therein, and
2. a FULL AND FINAL RELEASE AND WAIVER OF LIABILITY of the programme organizer and all persons and organizations associated with it and the programme including, without limiting the generality of the foregoing, its officers, directors, officials, agents and/or employees, other participants, sponsors, advertisers, owners and/ or lessors of the premises used to conduct the programme, sanctioning bodies, medical or rescue personnel (the RELEASEES), of and from with the respect to all injury, disability, death or loss or damage to person or property whether arising from the negligence, or negligent rescue of or by the foregoing or otherwise, and
3. an UNDERSTANDING NOT TO SUE the RELEASEES for any loss, injury, costs or damages of any form or type, howsoever caused or arising, and whether directly or indirectly from the participation in this programme by me, and
4. an AGREEMENT TO INDEMNIFY, and to SAVE and HOLD HARMLESS the RELEASEES, and each of them, from any litigation expense, legal fees, liability, damage, award or cost, of any form or type whatsoever, they may incur due to any claim made against them or any one of them whether the claim is based on the negligence or the gross negligence of the RELEASEES or otherwise.

I HAVE READ THIS DOCUMENT THOROUGHLY.

I UNDERSTAND THAT THE RELEASEES ARE RELYING UPON MY WARRANTIES, ASSUMPTIONS, WAIVER AND RELEASE, UNDERTAKINGS AND AGREEMENTS WHEN ACCEPTING MY PARTICIPATION IN THIS PROGRAMME.

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I GIVE UP SUBSTANTIAL LEGAL RIGHTS I WOULD OTHERWISE HAVE.

I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT INDUCEMENT.

Date (DD/MM/YYYY)

Printed name of Participant

Printed name of witness

SIGNATURE OF PARTICIPANT

SIGNATURE OF WITNESS

(if participant is a minor- Guardian name and signature required below)

Guardian Name _____ Guardian Signature _____