

 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:
Emergency Contact Name: _____	Email: _____		
Phone #: _____	(required for appointment confirmations & receipts)		

Fitness/ Health History

What is your current level of fitness? What activities & how often? Goals? How can we help?

Do you have **Pilates Experience** (circle) **YES/ NO** If yes, describe when taken and level:

Do you have any **current** injuries: (Circle) **YES/ NO** Please describe what and when they occurred:

Prior injuries that can cause issues with activity: (Circle) **YES/NO** Please describe what and when they occurred:

Past **surgeries?** (Circle) **YES/ NO** Please describe what and when they occurred:

Are you pregnant? (circle) Yes/No	How many pregnancies and deliveries have you had? _____ C section? Yes / No	
Have you been diagnosed or treated by a physician for: Please check those that apply	<input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Arthritis <input type="checkbox"/> Chronic Fatigue Syndrome <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> High Cholesterol Level <input type="checkbox"/> High or Low Blood Pressure <input type="checkbox"/> Glaucoma <input type="checkbox"/> Gastric Reflux <input type="checkbox"/> Irritable Bowel Syndrome <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"/> Immune Problems <input type="checkbox"/> Parkinson's Disease	<input type="checkbox"/> Orthopedic/ Joint Problems (Shoulder/elbow/spine/hip/knee) <input type="checkbox"/> Replacements-Hip____ (R/ L) or Knee____(R/L) <input type="checkbox"/> Carpal Tunnel Syndrome <input type="checkbox"/> Rotator Cuff Impingement <input type="checkbox"/> Thoracic Outlet Syndrome <input type="checkbox"/> Adhesive Capsulitis (frozen shoulder) <input type="checkbox"/> Osteoporosis or Osteopenia <input type="checkbox"/> Back Pain <input type="checkbox"/> Facet Joint Syndrome <input type="checkbox"/> Herniated or Bulging Disc <input type="checkbox"/> Spondylolisthesis or Stenosis <input type="checkbox"/> Plantar Fasciitis <input type="checkbox"/> Knee Injuries/ ACL/ MCL/ other <input type="checkbox"/> Pelvic Floor Issues/Prolapse <input type="checkbox"/> Other _____

Date: (DD/MM/YY) _____	I verify that the information provided is accurate and complete: Signature: _____
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Were you referred by someone? How did you hear about us? _____	I'd like to receive your news and registration info emails (circle) YES/ NO
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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 in-studio and/or virtual 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.
5. I am aware that there is no obligation for any person to provide me with medical care during the Activity. I understand and acknowledge that:
 - a. there may be no aid stations available for the Activity.
 - b. If medical care is rendered to me, I consent to that care if I am unable to give my consent for any reason at the time the care is rendered.
6. I acknowledge the contagious nature of Covid-19 and that AHS (Alberta Health Services), HEALTH CANADA many other public health authorities recommend the importance of social distancing and the protocols to follow.
7. I acknowledge that Released Party, has put in preventative measures and protocols to be met for private appointments and group classes in regards to COVID-19.
8. I acknowledge that Released Party can not guarantee that I will not become infected with the Covid-19.
9. I understand that the risk of becoming exposed to and/or infected by the COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to the instructors, independent contractors, renters, clients and the property and Released Party.
10. I voluntarily seek the services provided by Released Party, and acknowledge that I must comply with all set procedures to reduce the spread of Covid-19 while attending my appointment or group class
11. I confirm that I am not required to self-isolate according to the current requirements of the Government of Alberta.

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) _____

Participant Name (Printed) _____

Participant Signature: _____

Witness Name (Printed) _____

Witness Signature: _____

Guardian Name and Signature (if participant is under 18): _____