



3907 Henderson Blvd. Suite 100  
Tampa, FL 33629

Phone: 813.288.8111

## Client History

PLEASE PRINT

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

Phone (home): \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Occupation: \_\_\_\_\_ Place of work: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M F

Person to contact in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? Drive-by/walk-in Internet Advertisement Referral: \_\_\_\_\_ Other

### Have you ever been treated by a physician for:

- |                      |                |               |                       |
|----------------------|----------------|---------------|-----------------------|
| High Blood Pressure  | Arthritis      | Balance       |                       |
| Diabetes             | Joint Problems | Seizures      |                       |
| Respiratory problems | Smoking        | Back Problems | Peripheral neuropathy |
| Liver Disease        | Asthma         | Fractures     | Cancer                |
| Heart Problems       | Allergies      | Scoliosis     | Chronic Illness       |
| Shortness of Breath  | Recent Surgery | Hernia        |                       |

\*If you circled any of the above, please explain: \_\_\_\_\_

Are you pregnant? Yes No Prior deliveries (#/ Year) \_\_\_\_\_

Current Medications: *(specifically ones that might make you dizzy or light-headed during a workout)*

Prior surgeries:

Prior injuries:

Are you under the care of a physician, chiropractor, or massage therapist for a musculoskeletal problem? Yes No

If yes, reasons and results \_\_\_\_\_

Activity level/current exercise frequency: \_\_\_\_\_

What are your primary goals? \_\_\_\_\_

Do you have any questions or concerns? \_\_\_\_\_

\_\_\_\_\_

## Waiver and Release of Liability

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 at the bottom.

### Waiver and Covenant Not to Sue

I, \_\_\_\_\_, have volunteered to participate in a program of physical exercise under the direction of Pilates Bodies, LLC which will include, but may not be limited to, weight and/or resistance training. In consideration of Pilates Bodies, LLC agreement to instruct, assist, and train me, I do hereby and forever release and discharge and hereby hold harmless, Pilates Bodies, LLC and their respective agents, heirs, assigns, contractors, past and present employees, subsidiaries, divisions, related corporations, principles, affiliates, future affiliates, privies, partnerships, partners, all other persons under their direction and control, and/or any and all other representatives 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. The waiver and release of liability includes, without limitation, all injuries which may occur as a result of;

(a) my use of all amenities and equipment in the studio (b) my participation in group classes, including, but not limited to, Reformer, Tower, Mat, Equipment Circuit, Pilatestick, Jumpboard Interval, and any other group classes which may be added at Pilates Bodies LLC's discretion at any time (c) the sudden and unforeseen malfunctioning of any equipment in the studio; and, (d) their instruction, training, and/or supervision;

### 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 of 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 this exercise program with Pilates Bodies, LLC 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 representations have been made to me regarding the results I will achieve from this program. I understand that results are individual and may vary.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name: \_\_\_\_\_

## Cancellation Policy and Agreement

*All private and semi-private sessions are scheduled by appointment only. Payment in advance ensures future appointments at a scheduled day and time. **24-hours advance notice is required if cancelling a session to prevent being fully charged for your appointment.** Frequent cancellation or irregular attendance may result in loss of a regularly scheduled time slot.*

*Cancelling a group class you've reserved a spot in also requires 24hours notice. Late cancellation or simply not showing up will forfeit a single class session.*

*You may cancel an appointment or class pre-registration either online with the MindBody scheduler or by calling the studio at 813-288-8111. Please do not rely on just calling your instructors personal cell/home numbers.*

I, \_\_\_\_\_, agree to Pilates Bodies LLC cancellation procedures and policies.

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_