



CLIENT INFORMATION FORM

Welcome to Pilates Bodies. To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form. Thanks!

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work _____ Cell _____
E-Mail Address _____
Birth Date _____ Occupation _____

What specific fitness or health goals do you hope to achieve through the Pilates Method?

List all current and previous activities/sports.

Describe your present physical condition; include any medications you may be taking.

Describe your physical history.

Injuries/Surgeries _____

Ailments/Illnesses _____

Pregnancies _____

Other significant medical treatments _____

Please specify areas of your body that are problematic, using either right (R) or left (L).

_____ Head _____ Arm/Hand _____ Lower Back _____ Hip/Pelvis

_____ Neck _____ Upper Back _____ Ribs _____ Knee

_____ Shoulder _____ Middle Back _____ Abdomen _____ Ankle/Foot

How did you find out about Pilates Bodies?



WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

CANCELLATION POLICY: I understand that if I must cancel a scheduled appointment, I must notify Pilates Bodies, Inc. at least 24-Hours in advance or I will be held responsible for payment in full.

I have enrolled in a program of instruction utilizing the Pilates Method of physical conditioning offered by Pilates Bodies, Inc. I have been advised and I understand that participation in Pilates Method exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of exercise lessons, including but not limited to possible short term aggravation of some symptoms, feeling of tiredness, light-headedness, change in energy level, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep the instructors of Pilates Bodies, Inc. fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the program may have substantial physical benefits, Pilates Bodies, Inc. practitioners do not engage in diagnosing or treating medical diseases or deficiencies.

I expressly assume all risks of my participation in the program of Pilates Method conditioning conducted by Pilates Bodies, Inc. and waive any claim which I might otherwise bring against Pilates Bodies, Inc, its officers, directors, shareholders, employees, trainees and contractors, as a result of injuries resulting from or relating to my participation in this Pilates conditioning program.

Pilates Bodies, Inc and its practitioners shall not be responsible or liable for any articles lost, stolen or damaged.

In the case of instructor illness or emergency, another instructor will be automatically substituted. We will try to notify each client whenever possible.

Sign: _____ Date: _____

(Parent/Guardian if under 18)