

WAIVER OF LIABILITY

I, _____, wish to participate in the exercise and training program offered by Center Flow Pilates, Inc.

1. **There is a risk of injury when training at Center Flow Pilates, Inc.:** I recognize that I am participating in physical activity at Center Flow Pilates, Inc. which may include, but is not limited to Pilates. I understand there are inherent risks in participating in a program of strenuous exercise. The personal fitness training services offered at Center Flow Pilates, Inc. includes the use of equipment and exercises that may cause injury. I have been informed of and understand the risk of such an injury. In consideration for being allowed to participate in activities at Center Flow Pilates, Inc., I do hereby release and discharge Center Flow Pilates, Inc., its owners, employees, agents and/or assigns, from all claims or liabilities for injuries or damages to my person arising from my participation in those activities.
2. **I am Physically Sound:** Consequently, I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I understand and agree that it is my responsibility to inform my Pilates Instructor of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.
3. **I have had a recent physical examination:** I acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate, or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. .

Signature of Participant: _____ Date: _____

Health History

Name:		
Address:		
City:	State:	Zip Code:
Home telephone:	Work/cell phone:	
E-mail address:		
Emergency Contact/phone#:	Relationship:	
Date of Birth:		

In order to design a safe and effective fitness program it is important that you complete the following Health History completely and accurately. All information is confidential.

Check the appropriate response if you have the current conditions/disease:

- Diabetes
- Asthma/respiratory problems
- Heart problems
- Arthritis
- Pregnancy
- High blood pressure
- High cholesterol
- Chest pain
- Osteoporosis
- Back/spine problems
- Dizzy spells/fainting
- Other

Have you had any prior surgeries or recent hospitalizations? If yes please explain:

Have you been pregnant? _____

Given birth how many times? _____ Cesarean Births? _____

Do you smoke? If yes how much? _____

Has your doctor ever recommended only medically supervised physical activity? If yes please explain? _____

Have you injured or have pain in any of the following areas? Check the appropriate box.

- Neck Upper back Shoulders
- Elbows Lower back Hips
- Wrists Knees

If yes please explain(including date & status of injury/condition:

Does any position, exercises, or activities cause you pain? If yes please explain:

Are you right or left handed?

What is your general health status?

- Not very healthy Health with some concerns
- Healthy with no concerns Very healthy

Have you experienced any major life changes/stressors in the past year? If yes please explain: _____

How would you rate your level of stress on a daily basis?

- Low Moderate High

Are you currently taking any medications? If yes for what conditions?

Are you currently undergoing treatment from any of the following?

- Physical/Occupational Therapist Chiropractor

- Other _____ If yes why? _____

How many hours do you regularly sleep at night? _____

What is your occupation? _____

What does your typical day involve physically? (sitting, lifting, computer etc.)

On a scale of 1-10, how would you rate your Nutrition (1=very poor 10=excellent)?

Are you currently following any type of special diet? If yes please explain:

Have you been exercising consistently for the past 3 months? YES NO

What is your current exercise level?

None

2-3 times per week

4-5 per week

If yes what type? _____

If your participation is lower than you would like it to be, what are the reasons?

Lack of interest

Injury/Pain

Lack of time

Other

Have you had any past training in Pilates? No Yes

If yes when and where? _____

What are your goals for Pilates?

Weight loss

Weight Gain

Stress Reduction

Increase flexibility

Cardiovascular Conditioning

Posture

Injury rehabilitation

Increase Strength

Other _____

Realistically, how often a week would you like to participate in Pilates? _____x/wk

What are the best days during the week for you to commit to your Pilates program?

M T W Th F Sat Sun

At what times during the day? _____

Are there any other reasons (health/personal) that may prevent or limit you from exercising? _____

It is highly recommended that you seek medical approval before participating in any exercise program.