

Ashland Pilates Center
Health questionnaire

Name _____

Address: _____

Phone: _____

Email: _____

Physician contact information, if relevant;

Name _____

Address _____

Phone _____

Personal medical history

Are you currently taking any medications? Yes No

If yes, please give details:

Are you taking any medication which could cause a reaction while exercising? Yes No

If yes, please give details:

Are you currently under the care of the physician for any reason at all? Yes No

If yes please give details:

Do you have your physician's ok to do Pilates? Yes No

Do you currently smoke or have you smoked in the last 6 months? Yes No

If yes, how much and how often:

Do you have or have you had any of the following?

Please circle if yes and details in the space provided below

Heart Attack or disease

Stroke

Chest Pain

High or Raised Cholesterol

Cancer

Hernia

Arthritis

Thyroid

Anemia

Migraine or chronic Headaches

Joint problems

Asthma

Epilepsy

Pneumonia
Menstrual disorders
Any other condition _____

Details:

Have you ever been injured in any of the following areas?
If yes please give description of how and when.

Neck
Shoulders
Arms
Abdomen
Back
Legs
Knees
Ankles

Are you pregnant or have you had a baby in the past 6 weeks?

Yes No

If yes do you have your physician's/midwife's clearance in order to exercise?

Yes No

What, if anything, in your life is causing you stress on a daily/weekly basis?

Is there any other physical condition or limitation we need to be aware of? Please give details.

Exercise:

Are you currently exercising?

If yes, what is the type, frequency, duration, exertion level, and how long you have been exercising for?

How many hours of sleep do you normally get each night? 4 5 6 7 8 9 10 11 12
13 or more

Have you had any major surgeries or injuries? Where and when? Please describe any details including any emotional insights.

Do you experience pain in your body on a daily/weekly basis? Where and how often? Please describe emotions, sensations, and blockages you feel because of this pain.

What is your intention or goal for your body right now?

What would you most like to achieve with Pilates?

Is there anything else you would like us to know?

Thank you.

Release of Liability / Ashland Pilates Center

1. In consideration of being allowed to participate in the personal fitness training activities and programs of Ashland Pilates Center and use its facilities, equipment and services, in addition to the payment of any fee or charge, I do hereby forever waive, release and discharge Ashland Pilates Center and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and /or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of Ashland Pilates Center or the use of any equipment at various sites, including home, provided by/or recommended by Ashland Pilates Center. (Please Initial_____)

2. I have been informed of, understand and am aware that strength, flexibility, and aerobic exercise, including the use of equipment, is a potentially dangerous activity. I also have been informed of, understand and am aware the fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with fully knowledge, understanding and appreciation of dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death. (Please Initial_____)

3. I do hereby further declare myself to be physically sound and suffering no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of the equipment. I also 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 the 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 with out the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment. (Please Initial_____)

4. I, for myself and on behalf of my heirs, assigns personal representatives, and next of kin, hereby release and hold harmless the Ashland Pilates Center their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("releasees"), with respect to all any injury, disability, death, or loss or damage to person or property, whether arising from the negligence or the releasees or otherwise, to the fullest extent permitted by law. (Please Initial_____)

5. I understand that Ashland Pilates Center providing and maintaining and exercise/fitness program for me does not constitute an acknowledgement, representation or indication of my physiological well being or a medical opinion relating thereto.

(Please Initial_____)

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCMENT.

Date: _____

Signature: _____

Instructor's signatures: _____

Signature of parent or guardian of client under 18 _____