

PILATESPlace

PILATES WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

This Release, Waiver and Hold Harmless Agreement is made by and between the undersigned (client) and PILATESPlace (Karen Copeland), and entered into on the day month and year below.

PILATESPlace provides space for instruction in the Pilates method of physical conditioning. The parties to this agreement recognize that participation in this activity could lead to physical injury to the client.

Client desires to undertake Karen Copeland's program with the full knowledge of the possibility that physical injuries could result from it and assumes the risk of any such injury.

The parties recognize that PILATESPlace, and instructor Karen Copeland, will not be able to provide its program to client without the execution of the agreement.

Therefore, the client, in consideration of the above and the exercise classes to be provided, hereby waives all claims for damage or loss to person or property which may be caused by any act, or failure to act of PILATESPlace instructors, staff or employees. Client assumes risk of all dangerous conditions in and around the premises and waives any and all specific notice of the existence of such conditions. Client also assumes the risk of any and all injuries that might result from participating in exercise programs at PILATESPlace.

I _____ have enrolled in a program of physical activity including but not limited to the use of various Pilates machinery offered by PILATESPlace, and instructor Karen Copeland. I understand that participation in the Pilates Method of 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, muscle/movement patterns, illness or medical disabilities.

I hereby affirm that I have and will keep PILATESPlace, and instructor Karen Copeland informed of any existing physical condition or disability which would prevent or limit my participation in an exercise or physical-conditioning program. I will also keep PILATESPlace, and instructor Karen Copeland, informed of any physical condition or disability arising from my participation in the exercise program.

In consideration of my participation in exercise programs at PILATESPlace, I, my heirs and assigns, hereby release PILATESPlace (its employees and owners), from any claims, demands and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in PILATESPlace exercise program and I hereby release PILATESPlace (its employees and owners) from any liability, now and in the future, including but not limited to heart attacks, muscle strains/pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness, or injury however caused, occurring during or after my participation in the exercise program.

On behalf of myself and my heirs, personal representatives and assigns, I hereby release, waive, covenant not to sue, and forever discharge PILATESPlace and its officers, directors, agents, and employees, from any and all claims, demands, rights, causes of action, judgments, costs and expenses (including reasonable attorneys' fees) or other liability of whatsoever kind or nature resulting from my participation in or in any way connected with the program(s) and/or use of the facilities or equipment of PILATESPlace, including but not limited to, any and all bodily and personal injuries (including death) or damage to property.

I hereby affirm that I have read and fully understand the above:

Date _____

Client's Signature _____

Client's Name _____
(Please print)

Client's Address _____

Parent or Guardian's signature _____
(If participant is under age of 18)

Parent or Guardian's name _____
(Please print)

INTAKE CONSULTATION

Identification

Name: _____ Date of Birth: _____ Age: _____

E-mail address: _____

Street address: _____

City: _____

Postal Code: _____

Phone: (H) _____ (W) _____ (C) _____

Occupation: _____

Physician's name _____ Phone _____

Emergency Contact _____ Phone _____

Why are you interested in Pilates at this time?

Do you currently, or have you ever had heart problems? Yes No

Do you have high blood pressure? Yes No

Have you ever had a stroke or heart attack? Yes No

Have you ever had pain in your chest? Yes No

Do you ever feel faint or have dizzy spells? Yes No

Have you had surgery in the last 6 months? Yes No

If yes, explain.

Existing Medical Conditions – Please check the appropriate conditions

- Diabetes Pregnancy Asthma Arthritis
- Heart Condition Obesity Epilepsy Cholesterol
- Hernia Anemia Ulcer Eye Problems
- Hearing Loss Thyroid Problems

Medications

Are you currently taking any medicine? Yes No

If you circled YES, please list the medication and for what condition

Do you have pain in or have you injured any of the following areas:

- Neck Upper Back Lower Back
- Shoulder R/L Elbow R/L Wrist R/L
- Hip R/L Knee R/L Ankle R/L

If yes to any of the above, please explain:

Current health and fitness activities (e.g. walking/hiking/biking/weight training):

What are your health and fitness goals?

- 1.
- 2.
- 3.

Do you have regular treatment from any of the following individuals?

- General Practitioner (annual) Chiropractor Massage Therapist
- Dietician Physiotherapist Acupuncturist Naturopath
- Other

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

How did you hear about Pilates Place?

Client Signature _____

Client Name _____
(Please print)

Date _____