Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STOP!! IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS AND CHOOSE NOT TO OBTAIN A DOCTOR’S WRITTEN RELEASE TO EXERCISE, PLEASE READ AND SIGN THE FOLLOWING:**

**WAIVER OF CLAIM AND ASSUMPTION OF RISK.** Each member is advised that the use of *Centered Body Pilates* facility may be dangerous and hazardous, and may involve possible risk of bodily injury and perhaps even death. Each member, and each guest or dependent, assumes full risk to his or her person and property arising out of the use of *Centered Body Pilates* facility, activities sponsored by *Centered Body Pilates*, or transportation provided by *Centered Body Pilates* and agrees to release, indemnify, and hold *Centered Body Pilates* harmless from any and all risk and liability, except as may arise from the negligent acts or omissions of willful misconduct on the part of *Centered Body Pilates*. Each member further agrees to indemnify *Centered Body Pilates* for all legal expenses incurred in defending any claim or action brought against *Centered Body Pilates* to recover damages sustained through any accident or injury caused by such member, member’s guest, or dependent. By signing, I am agreeing to the prior statement and am choosing not to obtain a medical release from my physician recommended by *Centered Body Pilates* based on assigned risk factors above.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# **MEDICAL HISTORY**

Yes No Yes No

Have you been diagnosed with high blood pressure? Do you have any heart problems?

If so, what medications are you taking?

Have you had surgery in the past 3 months?

Do you have a chronic or acute illness?

If so, please describe: Do you have any mental illness?

Do you have any musculoskeletal problems that Are you currently under the care of a physician?

may be aggravated by exercise? Please describe: If so, please explain:

Do you have diabetes? Are you 60 years of age or older?

Yes No Yes No

Are you taking any medications on a regular basis? Do you use tobacco products?

If so, what kind(s)? If so, how often?

Are you pregnant?

**Do any positions, exercises or activities cause you pain or anxiety? Please describe:**

**Please list any other problems or concerns relating to exercise or movement:**

## EXERCISE INFORMATION

Please list your current fitness and wellness goals:

Are you currently involved in an exercise program or currently exercising? Please describe:

What activities or types of exercise do you prefer/enjoy?

What are your expectations of Centered Body Pilates?

Exercise preference: Alone Group Best time of day to exercise:

Time willing/able to spend each workout:

Motivation factors: