



Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Primary phone number \_\_\_\_\_ Secondary \_\_\_\_\_  
 Email address \_\_\_\_\_

### Physical Activity Readiness Assessment

If you answer "yes" to one or more questions below, please consult your physician and obtain medical clearance prior to beginning any physical exercise program at Pilates Pasadena.

	YES	NO
Has your doctor ever said that you have a heart condition and that you should do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently experienced chest pain?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever lost consciousness or lost balance due to physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking medication for high blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking medication for which physical activity is a risk factor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any health concerns, i.e., heart disease, pregnancy, recent surgery, smoking, asthma, diabetes, high blood pressure, etc., that affect physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently under a physician's care for a condition that affects physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other health risk that affects physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "no" to all questions above, please continue.

This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer "yes" to any question. Pilates Pasadena and its agents assume no liability for persons who undertake physical activity. This section may be used for legal or administrative purposes.

Please let us know of any prior or current sensitivities, including strains, sprains, surgeries or general discomfort. \_\_\_\_\_

When were you last physically active? \_\_\_\_\_

Please arrive on time for your scheduled session; a late session cannot extend past the time for which it originally was scheduled.

If you are unable to make your scheduled session, you may substitute a session at another time, based on availability, during the same calendar week. Please notify Pilates Pasadena within 24 hours of the original session time by (1) **confirmed** electronic communication, or (2) **in-person** phone conversation. Unanswered e-mail, texts or phone messages do not constitute notice.

A \$25 fee will be assessed for returned checks.

Please limit the application of perfume/cologne prior to your session.

All personal information provided to us will be used only for Pilates Pasadena. Your information will not be made available to any other person or entity.

## **Waiver and Release of Liability**

By my signature below, I agree to voluntarily participate in strenuous physical activity including, but not limited to, strength and flexibility training and aerobic exercise ("activities") as supervised by my trainer at Pilates Pasadena at 1384 E. Walnut St., Pasadena, CA 91106 ("the property"). I affirm that I am at least 18 years of age and do not suffer from any disability that would prevent or limit my participation in this exercise program.

I understand that the activities, including the use of Pilates equipment, are potentially hazardous activities. I acknowledge the possibility that injuries and physical changes may arise out of or resulting from engaging in these activities and using the equipment at the property under supervision of my trainer with knowledge of the dangers involved. I understand and take sole responsibility for any and all injuries and physical and mental changes that I may experience, even if not specifically set forth in this document.

I understand the risks inherent in exercise and accept responsibility for those risks. I do hereby agree to hold harmless Pilates Pasadena, Pilates Services, Inc., and Kathy Braidhill from any and all claims, damages, rights of action and causes of action, present and future, arising out of or related to my participation in all activities and use of the equipment at the property.

I acknowledge that I have thoroughly read this waiver and I fully understand that it is a waiver and release of liability. By signing below, I do hereby waive my right that I, or my heirs and/or assigns, may have to bring any and all legal actions or assert any and all claims against Pilates Pasadena, Pilates Services, Inc., and Kathy Braidhill.

Signature \_\_\_\_\_ Date \_\_\_\_\_