



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 only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest during physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness?	<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"/>
Are you currently taking medication for high blood pressure or a heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Have you recently had surgery?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently taking medication for which physical exertion is a risk factor?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently under a physician's care?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any health concerns (heart disease, pacemaker, pregnancy, recent surgery, smoking, asthma, diabetes, high blood pressure, etc.) that we need to know about?	<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.

Print name _____ Signature _____ Date _____

Musculoskeletal Questionnaire

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

When was the last time you were physically active? _____

Pilates Pasadena policies

- Please arrive on time for your scheduled session; a late session cannot extend past the time for which it was originally scheduled.
- If you are unable to make your scheduled session, you may substitute a session at another session, based on availability, during the same calendar week. Please observe the 24-hour policy to notify Pilates Pasadena by (1) **confirmed** electronic communication or (2) **in-person** phone conversation. Unanswered e-mail, texts or phone messages do not constitute notice.
- Please use training sessions within 90 days, after which unused sessions expire.
- A \$25 fee will be assessed for returned checks.
- Please limit the application of perfume/cologne prior to workouts.
- All personal information provided to us will be used only for Pilates Pasadena business. Your information will not be made available to any other person or entity.

Initial _____

Waiver and Release of Liability

By my signature below, I agree to voluntarily participate in strenuous physical activity including, but not limited to strength training, flexibility and aerobic exercise ("activities"), as supervised by my trainer at Pilates Pasadena at 1384 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 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 result from engaging in these activities. By signing below, I affirm that I am voluntarily participating 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.

Print
name _____

Signature _____ Date _____