

INTRODUCTORY SESSION

CORE



Name: _____ Date: _____

Address: _____ City/Zip: _____

Work Phone: _____ Home: _____

Occupation: _____ Referred by: _____

Date of Birth: _____ Height: _____ Weight: _____

Gender: Male Female

1) Where you an athlete in high school or college? Yes No

If yes, describe the sport and level of activity.

Physician's Name: _____ Physical Therapist: _____

2) Please describe your current fitness program.

3) Please describe any pain you are having (back, hip, shoulder.) and give the history of this pain including treatment.

4) Has a doctor given you a diagnosis for this injury?

5) Are you under low, medium or high stress?

6) What are your primary objectives for joining the IM=X Pilates Program?

7) How soon would you expect to see results?

8) What kind of a time commitment do you want to make to achieving these objectives?

9) Would you like to change your current weight? Yes No

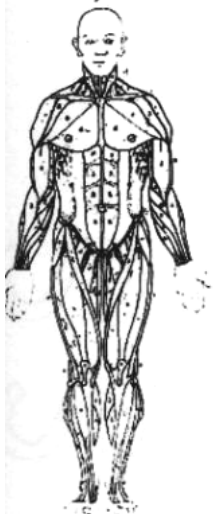
If yes, how much would you like to lose? _____ Gain? _____

Would you be willing to keep a food diary? _____

Y
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HEALTH INFORMATION

R/L



Do you now or have you in the past had:

History of heart problems, stroke, or chest pain?

Yes No

History of heart problems in your immediate family?

High blood pressure?

Any chronic illness or condition?

Difficulty with physical exercise?

Advice from a doctor or physical therapist not to exercise?

Surgical history?

Arthritis, bursitis or tendonitis?

Pregnancy?

History of breathing or lung problems?

Diabetes or thyroid condition?

Cigarette smoking habit (# ___ per day for ___ years)

Drink alcohol (# ___ per day)

Weight problem (10 or more lbs overweight)

Increased blood cholesterol?

Take vitamins and minerals?

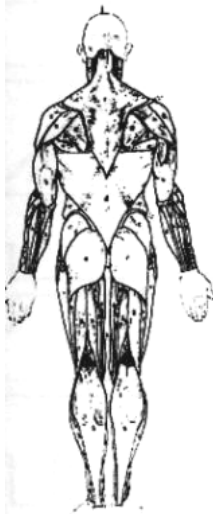
Maintain a healthy diet?

Do you have poor posture?

Excess fatigue or stress?

Please provide details to any question that you answered "yes"

L/R



Do you understand that you are taking a risk whenever you undertake an exercise program? (initial) _____

please review the following policies and initial

CORE Pilates studio policies:

- We request a 24 hr. cancellation if possible for ALL equipment sessions/classes. You will be charged for the visit when canceling less than 8 hrs. prior to any session/class.
- All MAT classes must be used with in the current session.
- All 10 session equipment packages have a 90 day expiration
- All 20 session equipment packages have a 180 day expiration unless pre-approval is obtained.

(initial) _____

Please sign below to indicate that you understand the studio policies listed above and are aware of the inherent dangers of undertaking an exercise program and that you will not hold CORE Pilates & Yoga (and it's owners/trainers) responsible for any injury or loss should it occur.

Signature:

Can CORE Pilates contact you via e-mail to schedule, confirm & inform you of any appointments and schedule changes? If so, please include your e-mail address below.



WAIVER AND RELEASE FROM LIABILITY FOR USE OF EXERCISE FACILITY

I, _____, HEREBY WAIVE AND RELEASE, indemnify, hold harmless and forever discharge **CORE Pilates & Yoga** and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any of the events or activities conducted by, on the premises of, or for the benefit of **CORE Pilates & Yoga** provided that this waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct.

I understand that the activities that I will participate in are inherently dangerous and may cause serious or grievous injuries, including bodily injury, damage to personal property and/or death. On behalf of myself, my heirs, assigns and next of kin, I waive all claims for damages, injuries and death sustained to me or my property, that I may have against the aforementioned released party to such activity.

By this Waiver, I assume any risk, and take full responsibility and waive any claims of personal injury, death or damage to personal property associated with **CORE Pilates & Yoga** including but not limited to taking pilates classes or other cardiovascular activities or classes at the facility, using the facility and its equipment in any manner, form or fashion, and practicing and/or engaging in weightlifting activities, or other related activities on and off the premises. Use of the facility and its equipment includes but is not limited to mean use of building entrance, restrooms, changing rooms, childcare facility or studio.

This WAIVER AND RELEASE contains the entire agreement between the parties, and supercedes any prior written or oral agreements between them concerning the subject matter of this WAIVER AND RELEASE. The provisions of this WAIVER AND RELEASE may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties.

The provision of this WAIVER AND RELEASE will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of **CORE Pilates & Yoga**, whether by agreement, by operation of law, or otherwise.

I have read, understand and fully agree to the terms of this WAIVER AND RELEASE. I understand and confirm that by signing this WAIVER AND RELEASE I have given up considerable future legal rights. I have signed this Agreement freely, voluntarily, under no duress or threat of duress, without inducement, promise or guarantee being communicated to me. My signature is proof of my intention to execute a complete and unconditional WAIVER AND RELEASE of all liability to the full extent of the law. I am 18 year of age or older and mentally competent to enter into this waiver.

Date

Printed Name

Signature