

# PILATES ON PURPOSE

234 E. 17<sup>th</sup> Street, Ste 106  
Costa Mesa, CA 92627

POP Contact:

Notes:

## CLIENT AGREEMENT AND WAIVER OF LIABILITY

I, from here on forward identified as the undersigned participant, understand that sessions and classes at Pilates on Purpose may be physically strenuous, and I voluntarily participate with full knowledge that there are risks of personal injury, property loss or death. I hereby release Pilates on Purpose from any liability, and I agree that neither I, my heirs, assignees or legal representatives will sue or make any other claims of any kind whatsoever against Pilates on Purpose, its members, its employees or heirs for any personal injury, property damage/loss, or wrongful death whether caused by negligence or otherwise.

I understand that the equipment used at Pilates on Purpose can be dangerous if used improperly and I will follow the strict instruction given by my instructor with respect to use of the equipment.

I understand that the instructor may physically contact me in order to correct my exercise technique or otherwise provide instruction. I acknowledge and respect the fact that this contact is meant to be professional. I consent to such physical interaction. If at any time I am uncomfortable with an instructor's physical contact, I agree to express such, forgo further instruction, and contact the studio owner.

I understand that all personal property brought to Pilates on purpose is brought at my own risk as to its theft, damage, or loss. I expressly agree that the terms of release indemnity contained herein are intended to be as broad and inclusive as is permitted by the laws of California. Any provision of this release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion.

Furthermore, I understand that...

- \*A 24 hour cancellation notice is required to avoid a no show charge or loss of session
- \*Tread sox are preferred, but a sport sock is acceptable
- \*All appointments are pre-paid or due at the time of service
- \*Packages are nonrefundable but are transferable
- \*Instructor and schedules are subject to change without notice
- \*Participants are to refrain from using cell phones and wearing fragrance

PARTICIPANT NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ HOW DID YOU HEAR ABOUT US: \_\_\_\_\_

**PARTICIPANT HAS READ & VOLUNTARILY SIGNS CLIENT AGREEMENT & RELEASE:**

PARTICIPANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## MEDICAL HISTORY / HEALTH SCREENING

PARTICIPANT NAME: \_\_\_\_\_

Have you ever been treated by a physician for (if “yes”, indicate with dates):

Arthritis: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Chronic Fatigue Syndrome: \_\_\_\_\_

Fibromyalgia: \_\_\_\_\_ Heart Disease: \_\_\_\_\_ High Blood Pressure: \_\_\_\_\_

Gastric Reflux: \_\_\_\_\_ Glaucoma: \_\_\_\_\_ Multiple Sclerosis: \_\_\_\_\_

Orthopedic / Joint (shoulder / elbow / spine / hip / knee) problems or injuries:

Anterior Cruciate ligament Knee Injury: \_\_\_\_\_ Stenosis: \_\_\_\_\_

Herniated or Bulging Disc: \_\_\_\_\_ Spondylolisthesis: \_\_\_\_\_

Total Hip Replacement: \_\_\_\_\_

Peripheral Neuropathy (numbness / tingling / diminished sensation): \_\_\_\_\_

Rheumatoid Arthritis: \_\_\_\_\_ Osteoporosis: \_\_\_\_\_

Musculoskeletal and Neuromuscular Issues: \_\_\_\_\_ Adhesive Capsulitis: \_\_\_\_\_

Carpal Tunnel Syndrome: \_\_\_\_\_ Plantar Fasciitis: \_\_\_\_\_

Rotator Cuff Impingement: \_\_\_\_\_ Thoracic Outlet Syndrome: \_\_\_\_\_

Other: \_\_\_\_\_

Details related to any of the above treatments for problems:

\_\_\_\_\_

Prior Injuries:

\_\_\_\_\_

Are you pregnant? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Births (dates): \_\_\_\_\_

List Current Medications: \_\_\_\_\_

Activity Level / Exercise Frequency: Gentle / Moderate / Intense \_\_\_\_\_ times/week

Prior Movement Experience (Pilates, Dance, Yoga, Resistance, Feldenkrais, etc):

\_\_\_\_\_

Additional Pertinent Information:

\_\_\_\_\_