

## Client Details

First Name		Last Name		M.I.	D.O.B.
Street Address				Apt./Unit	
City	State CA	Zip	E-mail Address		
Mobile Phone		Home Phone		Work Phone	
Occupation			Company		
Do you wish to receive appointment reminders via text message?			Y	N	If so, who is your mobile service provider?
Please send me updates via email including special offers and promotions.			Y	N	Are you on Facebook? Y N
How did you hear about us?					
If you heard about us from one of our Members, what is his/her name so we can thank them?					

## Emergency Contact Details

First Name		Last Name		M.I.
Street Address				Apt./Unit
City	State	Zip	E-mail Address	
Home Phone		Mobile Phone		Work Phone
Relationship to you				

## Name & Likeness Release

From time to time we may take pictures or short videos and we would like to know if we may use any material that you might be in:

This letter shall confirm that \_\_\_\_\_ ("I"/"We"), for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, hereby grant permission to JOE & CLARA ("Company") and its successors, assignees and licensees to use my name and/or likeness ("Name and/or Likeness") in promotional materials including but not limited to the website, print advertisements and mail campaigns in such manner as Company may determine in its sole discretion in connection with the promotional materials and to reproduce in connection with, advertising, publicizing, exhibiting and exploiting the Company in whole or in part, by any and all means, media, devices, processes and technology now or hereafter known or devised in perpetuity throughout the universe. We hereby acknowledge that Company shall have no obligation to utilize my Name and/or Likeness in the promotional materials.

Agree to use of my image       Do not agree to use of my image      Please Initial \_\_\_\_\_

## Current Physical Condition

What specific health/ fitness goals do you hope to achieve?

Increase Flexibility       Improve Health       Increase Strength       Lose Weight       Stress Relief  
 Relieve Pain       Increase Balance       Other: \_\_\_\_\_

How would you rate your fitness level?

Poor       Average       Excellent

How would you describe your Pilates skill level?

Brand New       Some Mat       Some Equipment       Very Knowledgeable

Which activities do you most enjoy?

Running       Cycling       Swimming       Weight Training       Golf  
 Tennis       Equestrian       Other: \_\_\_\_\_

**Women**

Are you pregnant?    Y    N      Number of prior deliveries: \_\_\_\_\_      Are you perimenopausal or menopausal?    Y    N

If yes, when are you due?    /    /      Number of children < 5 years old: \_\_\_\_\_      Is there any other Women's Health Issue you would like to discuss?

If yes, do you have your doctor's approval to participate in an exercise program?    Y    N      Number of children > 5 years old: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Physical History

In order to better serve you and to insure your safety while participating in our programs, please indicate ALL conditions that apply to you. Please answer as thoroughly as you can. For conditions indicated, please use the anatomy chart to indicate areas affected.

Glaucoma

Diabetes

Date diagnosed:    /    /

Cancer

Date Diagnosed:    /    /

Osteoporosis

How are you managing it (circle all that apply)?

Diet   Pills   Injections   Pump

Treatment: \_\_\_\_\_

Fibromyalgia

Special Instructions: \_\_\_\_\_

Heart Disease

High Blood Pressure

Other Surgery/Medical Conditions: \_\_\_\_\_

Prior Injuries, Musculoskeletal and Neuromuscular Issues: \_\_\_\_\_

Gastric Reflux

Do you carry a list of your current medications? If yes, would you please provide us with a copy for our files? If no, would you please list them here and give a brief description as to what they are used for:

Please use the below chart to indicate the location, type and progressions of the below conditions. Please answer as thoroughly as you can.

Rotator Cuff Impingement		Frozen Shoulder (Adhesive Capsulitis)
Arthritis		Peripheral Neuropathy
Carpal Tunnel		Multiple Sclerosis Date Diagnosed: Affected Areas:
Total Hip Replacement		Facet Joint Syndrome
Rheumatoid Arthritis		Spondylolisthesis
Anterior Cruciate Ligament Knee Injuries		Herniated or Bulging Disc Peripheral Neuropathy
Orthopedic/Joint Problems		General Pain
Plantar Fascitis		Knee Replacement

## Disclaimer & Signature

I certify that my answers are true and complete to the best of my knowledge.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

## Waiver of Liability & Informed Consent Release

I have enrolled in a program of instruction in the Pilates Method of physical conditioning offered by Joe & Clara, a California Corporation, dba Joe & Clara Pilates Inspired Health Club. I have been advised and I understand that participation in the Pilates Method of exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury. I recognize that many changes may occur as a result of exercise lessons, including possible short-term aggravation of some symptoms, feeling of tiredness, light-headedness, increased energy, mood changes, etc. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation,

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have or will continue to keep Joe & Clara Pilates Inspired Health Club fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, Joe & Clara Pilates Inspired Health Club does not engage in the diagnosing or treating of medical diseases or deficiencies.

I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Joe & Clara Pilates Inspired Health Club its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), with respect to all and any injury, disability, death or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTANDING ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature  
if participant is under 18 years of age

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date