

Studio A Pilates LLC

Health Screen Form and Personal Exercise Session Waiver

Name _____ Date _____
 Address _____ City _____ Zip _____
 Home Phone _____ Work Phone _____
 E-mail _____
 Emergency Contact _____ Relationship _____
 Emergency Contact Phone Number _____
 Sex _____ Age _____ Birth Date _____ Weight _____

DO YOU HAVE NOW OR HAVE YOU HAD IN THE PAST:

	YES	NO		YES	NO
1. History of heart problems	___	___	7. Recent surgery?	___	___
2. High Blood Pressure?	___	___	8. History of lung problems?	___	___
3. Advice from a physician not to exercise?	___	___	9. Diabetes or Hypoglycemia?	___	___
4. A chronic illness?	___	___	10. Cigarette smoking habit?	___	___
5. Arthritis?	___	___	11. High Cholesterol?	___	___
6. Old injuries that could be aggravated by activity?	___	___	12. Family history of heart problems?	___	___

If yes to any of the above, please explain: _____

List any of the medications that you are currently taking: _____

What regular physical activity are you currently doing: _____

The purpose of the personal exercise sessions is to improve muscular strength/endurance, cardiovascular endurance, flexibility and overall body composition. The sessions may involve the use of a pilates reformer, hand held weights, resistance bands, a therapy ball and other personal exercise equipment. Each session will vary based on individual goals.

I understand that I am responsible for monitoring my own condition throughout the sessions, and should any unusual symptoms occur, I will cease my participation and inform the trainer of my symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the descriptions of the exercise sessions and their components. I also affirm that my questions regarding the exercise sessions, have been answered to my satisfaction.

Also, in consideration of being allowed to participate in the personal exercise sessions, I agree to assume the risk of such exercises, and further agree to hold harmless the trainer conducting such sessions from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the exercise sessions.

 PARTICIPANT SIGNATURE DATE

 TRAINER DATE