



**Informed Consent**

**Welcome to the Pilates with Anne studio!**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Last Physical Exam \_\_\_\_\_  
 Birth date \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Phone \_\_\_\_\_

Email \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Mobile \_\_\_\_\_  
 Work \_\_\_\_\_  
 Home \_\_\_\_\_

**Referred By**

\_\_\_\_\_ Friend/Client \_\_\_\_\_ Renew/Massage \_\_\_\_\_ Doctor/P.T. \_\_\_\_\_ Yelp  
 \_\_\_\_\_ Website \_\_\_\_\_ Signage/Flyer \_\_\_\_\_ Other-Specify \_\_\_\_\_

**History**

**Body**  
 \_\_\_\_\_ High/Low Blood Pressure-Specify \_\_\_\_\_  
 \_\_\_\_\_ Dizzy Spells or Fainting \_\_\_\_\_  
 \_\_\_\_\_ Hospitalized for Illness, Injury, or Surgery-Specify \_\_\_\_\_  
 \_\_\_\_\_ Currently on Medication-Specify \_\_\_\_\_  
 \_\_\_\_\_ Pregnancy-Specify #, C-section or vaginal \_\_\_\_\_  
 \_\_\_\_\_ Would you like participate in Pregnancy or Post-Natal Pilates?  
 \_\_\_\_\_ Would you like to be part of the Breast Cancer Pink Ribbon Program?  
 \_\_\_\_\_ Are you seeking post-rehabilitative or Pilates for Chronic Pain?  
 \_\_\_\_\_ Would you like to participate in Pilates research? (supply email) \_\_\_\_\_  
 \_\_\_\_\_ Are you interested in Hendrickson Massage combined with Pilates?  
 \_\_\_\_\_ Other (Arthritis, Fibromyalgia) \_\_\_\_\_

**Brain**  
 \_\_\_\_\_ Do you have anxiety? Explain \_\_\_\_\_  
 \_\_\_\_\_ Does any work or life stress impact your wellbeing? \_\_\_\_\_  
 \_\_\_\_\_ Do you have trouble setting or sticking to your goals? \_\_\_\_\_  
 \_\_\_\_\_ Do you have trouble taking risks? How much time per day do you look at small screen? \_\_\_\_\_

**Have you had any injuries, sprains, or surgeries to any of the following? Please indicate R/L**

Foot	Ankle	Knee	Hip	
Hand	Wrist	Elbow	Shoulder	
Head	Neck	Upper-back	Mid-back	Low-back

What forms of current exercise are you participating in and what is the frequency?

What are your fitness goals in 1 month/3months/1year?

# Studio Policy Agreement

## Studio Policies/Client Commitment

- \* All sessions and classes are 55 minutes in length.
- \* All packages are **non-refundable** and non-transferable \_\_\_\_\_ (initial).
- \* Equipment & Mat Classes expire within 5 weeks if you purchase a five-pack and 10 weeks if you purchase a ten-pack from the date of your first class \_\_\_\_\_(initial)
- \* Instructors for group classes may be substituted without notice.
- \* Please place cell phones on silent or vibrate.

## Physicians Approval & Risk of the Exercise Program

All participants prior to involvement in the exercise program should obtain a physician's examination. If the participant refuses to obtain a physician's permission, s/he must sign the following agreement.

## Liability Release/Waiver

As a trainee, I agree to the details shown above and understand that these specific workout times with a professional trainer have been reserved for me. I have fully disclosed my health history and clearly stated my personal goals to ensure a more accurate exercise prescription. It is expressly agreed that all uses of studio facilities shall be undertaken by client or guest at her/his sole risk, and that the studio nor trainer shall be liable for any injuries or any damages to any client or guest, or be subject to any claim, demand injury or damages whatsoever, including without limitation, those damages resulting from acts active or passive negligence on the part of the studio, Pilates with Anne LLC, Renew Yoga, its trainers, officers, or agents. The client for herself/himself and on behalf of her/his executors, administrators, heirs, assigns and successors from all such claims, demands, injuries damages, actions or courses of action.

## Inquires

I have been informed of the **need for a physician's approval for the participation in a progressive exercise-fitness program**. I fully understand the strenuous nature of the program. Before signing this form, please **feel free to ask any questions** regarding any aspect of this program that may be unclear to you.

I have volunteered to participate in a program of progressive physical exercise.

Signature \_\_\_\_\_

Date \_\_\_\_\_