



CLIENT INFORMATION

Welcome to Excel Pilates DC! To better serve your fitness needs, we ask that you please take a few minutes to complete this form. Thank you!

Name	_____	Date	_____
Street	_____	City	_____
State	_____	Zip Code	_____
Home Ph.	_____	Work Ph.	_____
Cell Ph.	_____	***Please * the best number to reach you	
Birth date	_____	Occupation	_____
Email	_____		

1. Please describe your physical history, listing injuries, ailments, illnesses, surgeries, pregnancies, and any significant medical treatments. Check all body parts that are involved. Where appropriate, please specify right (R) or left (L).

_____ Head	_____ Arm/Hand	_____ Lower Back	_____ Hip/Pelvis
_____ Neck	_____ Upper Back	_____ Ribs	_____ Knee
_____ Shoulder	_____ Middle Back	_____ Abdomen	_____ Ankle/Foot

2. Please describe your present physical condition, including any medications you may be taking.

3. Please list all previous and current activities/sports. _____

4. What specific fitness or health goals do you hope to achieve through Excel Pilates DC?

5. How did you find out about Excel Pilates DC? _____

For staff use only:

Studio Guidelines given	_____
Waiver of Liability/Informed Consent Release Completed & Signed	_____



WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

I have enrolled in a program of instruction in physical activity, including, but not limited to, the Pilates Method of Body Conditioning offered by Excel Pilates DC. I have been informed and acknowledge that Excel Pilates DC makes no claims as to medical results that can or may be obtained through participation in the Programs or use of Excel Pilates DC facilities or equipment. Excel Pilates DC has neither suggested nor will suggest any medical treatment to participants. Only licensed professionals are qualified to give medical advice. Participants are instructed not to act on the advice given by any unlicensed employee, agent or contractor of Excel Pilates DC until and unless such advice has been verified with a licensed professional or their own physician. Each participant represents that there is no medical or physical condition that would prevent them from participation in this program of instruction or from using Excel Pilates DC or its equipment or facilities. Each participant further represents that she/he has not been instructed by any physician not to do so, and will continue to keep Excel Pilates DC fully informed of any physical or mental condition that would prevent or limit the participant's participation in this program of instruction or use of equipment.

If participant has enrolled in a program of Pilates Method conditioning which is to be conducted by a Pilates Method apprentice, participant has been advised that the apprentice conducting the program has not completed the full requirements for certification to teach the Pilates Method of Body Conditioning. Participant understands that because the apprentice has relatively limited knowledge and experience with the Pilates Method, the risk of injury to participant may be greater.

Activity/Programs Participation Risk. Each participant has been advised and realizes that participation in exercise and conditioning activities, and the Programs offered by Excel Pilates DC, present some unavoidable risk of injury, especially to people who have preexisting issues, illness or mental disabilities. Each participant has been advised and understands that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. The participant understands that the use of exercise equipment also carries with it a risk of injury. The participant recognizes that many changes may occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, lightheadedness, increased energy, mood changes, etc. and that any strenuous athletic or physical activity involves certain risks of injury. Participant assumes the risk of any and all accidents or injuries of any kind which participant may sustain by reason of or in connection with the use of Excel Pilates DC facilities or equipment. Participant releases, discharges and absolves, indemnifies and holds harmless Excel Pilates DC, its directors, shareholders, employees, apprentices, and contractors from any and all claims, demands, rights of action, or causes of action, present or future, whether known or unknown resulting from participant's participation in this program of instruction or use of Excel Pilates DC facilities or equipment. Participant expressly assumes all risks of injuries resulting from participant's participation in this program of instruction and use of Excel Pilates DC facilities or equipment. Participant has been advised and realizes that the Programs require prior evaluation of their fitness level and participant is responsible for attending the appropriate level class.

Excel Pilates DC shall not be responsible or liable for any articles lost, stolen or damaged in or about the studio.

CANCELLATION POLICY: I understand that if I must cancel a scheduled appointment, I must notify Excel Pilates DC at least 24 hours in advance for I will be held responsible for payment in full.

I have carefully read and understand all of the above information and am fully aware of what I am signing. I acknowledge that this is a release of all liability.

Signature	_____	Date	_____
Name (print)	_____		
Emergency Contact Relationship	_____	Telephone	_____