



Welcome.
In order for us to better understand your health & fitness needs,
please take a few minutes to complete this form. Thank you.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work/Cell Phone _____

E-mail address _____ Birth Date _____

Occupation _____

1.) What specific health or fitness goals do you hope to achieve through the Pilates Method?

2.) List all current and previous activities/sports.

3.) Describe your present physical condition.

4.) 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

5.) How did you find out about Pilates Aligned, Inc? (If applicable, include your referring doctor, chiropractor, physical therapist, massage therapist, etc.)

475 West 12th Ave. Unit A, Denver, CO 80204

tele: 303.886.6925

www.pilatesaligned.com

WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

CANCELLATION POLICY: I understand that if I cancel a scheduled appointment, I must notify a staff member at Pilates Aligned Inc. at least 24-hours in advanced or I will be held responsible for payment in full.

PACKAGE EXPIRATION POLICY: I understand that if I choose to buy a package of prepaid Pilates lessons or classes from Pilates Aligned, that those sessions must be used within one year from the date of purchase. Sessions remaining on a package that have not been used within one year will expire and those sessions will be lost. Refund requests for packages not yet expired, will be honored if submitted in writing, or the package may be transferred to another client at the studio.

I have enrolled in a program of instruction in the Pilates Method of physical conditioning offered by Pilates Aligned Inc. I have been advised and I understand that participation in Pilates 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 occur as a result of these exercise lessons, including possible short-term aggravation of some symptoms, feelings of tiredness, light-headedness, increased energy, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep the instructors at Pilates Aligned Inc. fully informed of any physical condition or disability, which would prevent or limit my participation on an exercise program. I acknowledge that, although the program may have substantial physical benefits, Pilates Aligned practitioners do not engage in diagnosing or treating medial diseases or deficiencies.

I expressly assume all risks of my participation in this conditioning program and waive any claim, which I might otherwise bring against Pilates Aligned Inc. and contractors, as a result of injuries resulting from or relating to my participation in this Pilates conditioning program.

Pilates Aligned Inc. and its contractors shall not be responsible or liable for any articles lost, stolen or damaged.

Sign: (parent or guardian if under 18 years of age)

Date:
