

Health Screening

1. Full Name: _____ D.O.B: _____

Home Address & Postcode: _____

Phone (h): _____ (w): _____ (m): _____

E-mail: _____

Occupation: _____

Emergency Ph: _____ Name: _____

2. Have you done Pilates before? Yes No

How did you hear about Pilates? _____ How did you found out about me? _____

How often would you like to do Pilates? _____

3. Are you exercising at the moment? Yes No If yes, what type of exercise? _____

4. Describe any accidents or injuries you had in the past: _____

5. Describe any current injuries you might have in the present _____

If you have any conditions and injuries that still need to be diagnosed or cleared, please seek medical clearance from your doctor to exercise OR sign below if you have cleared the above condition/s with your doctor

Condition/s: _____ Approx date cleared: _____ Signature: _____

Waiver of Liability

* I recognise that the instructor is not able to provide me with medical advice with regard to my medical condition. I advise that I do not have any injuries, illness or conditions which would prevent me from participating in the studio classes and that I take these classes at my own risk and I wish to participate in the classes provided by Pilates Insight Studio which consists of isotonic exercises to improve joint range of motion, muscular strength, endurance and tone. I accept that I won't make any claim of any nature against its owner and instructors for any illness, injury or adverse change in medical condition or state of health arising directly or indirectly from my attendance at any of the studio classes.

I have read this release and I understand all of its terms. I have answered the questions to the best of my ability and sign it voluntarily.

Client Signature: _____ Print Name: _____

Date: _____

Thank you for completing the questions. This information will be kept confidential