

embody fitness and Pilates pre exercise form



Note: All information supplied is treated strictly confidential

Date:

Instructions: please fill in both sides and return to your instructor

1. Personal Details

Surname: First Name:

Address: Post code:

Phone W: H: M:

Email: Date of Birth:

2. Medical History

Are you taking any prescribed medication? ☐ Yes ☐ No If Yes, please list:

How long has it been since your last medical check up? Have you had any major surgery or injuries? ☐ Yes ☐ No

If Yes, please list:

Are you pregnant? ☐ Yes ☐ No

Do you currently suffer from any of the following?

- | | | | |
|-------------------------------------|--|--------------------|--|
| a) Asthma or breathing difficulties | <input type="checkbox"/> Yes <input type="checkbox"/> No | f) Neck pain | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Pain or tightness in the chest | <input type="checkbox"/> Yes <input type="checkbox"/> No | g) Lower back pain | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) High blood pressure | <input type="checkbox"/> Yes <input type="checkbox"/> No | h) Mid back pain | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Any heart or stroke condition | <input type="checkbox"/> Yes <input type="checkbox"/> No | i) Upper back pain | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Diabetes | <input type="checkbox"/> Yes <input type="checkbox"/> No | j) Hernia | <input type="checkbox"/> Yes <input type="checkbox"/> No |

3. Lifestyle

How do you rate your stress level? High ☐ Moderate ☐ Low ☐

Do you smoke? ☐ Yes ☐ No If yes, how many per day?

Do you do regular exercise? ☐ Yes ☐ No If yes, what type of exercise do you do?

Please list:

4. Goals & Objectives

What do you hope to achieve from doing Pilates?

Print Form

Release & Waiver of Liability Agreement

I,, hereby agree to the following:

recommend that you consult with your doctor before you start any exercise program. Thank you for helping me to achieve your goals – SAFELY!

WARNING: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS.

I understand that there will be a need for physical contact during the course of my training. I hereby give my trainer, Emma Wilson, permission to make appropriate physical contact necessary to achieve my goals.

Agreement for participating in personal/group strength, fitness and conditioning training.

The 'Trainer' refers to Emma Wilson

The 'Activity' refers to the participation in personal/ group strength, fitness and conditioning training and general advices

• I acknowledge that it is a condition of participating in this activity that I do so at my own risk. ^{Date:}

• I accept all risks and hereby indemnify and release the trainer, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly and indirectly associated with the Trainer, against all liability (including liability for their negligence and the negligence of others) claims, demands, and proceedings arising out of or connected with my participation in this activity.

• This release and indemnity continues forever and binds my heirs, successors, executors, personal representatives and assigns.

• I acknowledge that participating in this activity may involve a risk of serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings.

• I recognize the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise.

• I understand the demanding physical nature of this activity. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in this activity. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health if I participate in this activity my Trainer will be immediately informed. But continuing to participate in this activity, I accept the risks despite these conditions and am still, and will always be under the terms of this agreement.

• I certify that I am 18 years or older and have read this document and fully understand it OR

• As a parent or guardian of the participant (a) I agree to the above for myself and on behalf of the participant and (b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of activity on the terms referred to.

• I understand that I will turn up to my appointments but give 24 hours notice minimum if unable to attend in order to reschedule.

• I undertake to pay all fees in full on commencement of training. No refund is available if a Client decides to cease training for whatever reason.

• I understand that I will pay the Trainer the full amount of training fees dependent on which training package I choose. If I decide to cease training and for whatever reasons still owe the Trainer outstanding fees I will pay those outstanding fees. I also acknowledge that the fees are non-refundable except in extreme circumstances.

Payment can be made in cash or by Bank Trf to: Paul A Wilson Holdings (WA) Pty Ltd
BSB 302 162

Acc No 0372469