

Personal details			
Name: _____	Address: _____	Date of Birth: _____	Occupation: _____
_____	_____	Sports, Hobbies: _____	_____
_____	Postcode: _____		
Contact Tel: _____		Emergency Contact Details	
Mobile: _____		Name: _____	
Email _____		Contact Tel: _____	
Sex: Male / Female		Mobile: _____	

Basic Medical History	Yes	No
Do you have diabetes or epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have Asthma, COPD or other respiratory problems?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced any chest pains in the past year?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have high or low blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been diagnosed with Osteoporosis?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer with digestive complaints? (Ulcers/reflux/colitis etc)	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed with any form of cancer?	<input type="checkbox"/>	<input type="checkbox"/>
Do you often get headaches or suffer from dizzy spells? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>

Past History	Yes	No
Have you been involved in any major accidents? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>
Have you had major surgery in the last 10 yrs? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>
Have you had minor surgery in the last 2 years? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any bone or stress fractures?	<input type="checkbox"/>	<input type="checkbox"/>

Do you currently have any pins/screws in place? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any knee or hip problems/injuries? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any muscle/ligament or tendon problems/injury? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any lower back problems/injuries? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer with neck pain?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been diagnosed as hyper mobile? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>
Are there any other conditions or disability not covered by the above that your instructor should know about? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>
Please list any health problems you suffer, not already mentioned, that affect your ability to exercise		

Physical fitness	Yes	No
Have you been referred by anyone? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>
Do you do any other sports? If yes please specify	<input type="checkbox"/>	<input type="checkbox"/>

Pregnancy	Yes	No
Are you could you be pregnant now?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been pregnant in the last few months?	<input type="checkbox"/>	<input type="checkbox"/>
If you have had a baby how was it delivered? <input type="checkbox"/> Normally <input type="checkbox"/> Caesarean <input type="checkbox"/> Normally with intervention (eg. forceps)		

Additional Relevant information	Yes	No
Have you been recommended to take up Pilates by a specialist practitioner? If yes <input type="checkbox"/> GP <input type="checkbox"/> chiropractor <input type="checkbox"/> physiotherapist <input type="checkbox"/> osteopath <input type="checkbox"/> other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
Do you hereby give me permission to contact them If yes, please state their name and contact number	<input type="checkbox"/>	<input type="checkbox"/>

Pilates 365 RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

I am participating in physical activity at Pilates365, which may include, but is not limited to Pilates and Yoga. I recognize that the physical activity engaged in at Pilates 365 is strenuous and although not likely, may in rare cases cause serious and permanent injury, paralysis and death. I am fully aware of and knowingly and freely assume all the risks and hazards involved in such activity (both known and unknown) and assume full responsibility for my participation. I also understand that the activities at Pilates 365 do not constitute physical therapy. In exchange for permission to participate in Pilates365 classes, duets and/or private sessions, I hereby freely enter into the following release and waiver of liability, assumption of risk and indemnity agreement.

I hereby (including my heirs, spouse, executors, administrators, personal representatives and assignees) indemnify, hold harmless and agree not to sue Angela Higgins, their family members, Pilates 365, its officers, directors, shareholders, employees, agents, landlords, lessees, sponsors, representatives, volunteers, and affiliates (collectively hereafter the "Released Parties") from any and all liability, responsibility, damages, losses, claims, demands, actions, suits, judgments, costs and expenses (including solicitors fees) resulting from personal injury, accidents, illnesses, death and/or property loss caused in any manner, including theft, fire and the simple, active or passive negligence of the Released Parties, by my participation in Pilates 365 activities. Participants are advised to move comfortably through any exercises and to work at their individual level of capability. If I observe or am asked to participate in any unusual hazard during my presence or participation, I will remove myself from participation and bring such hazard to the attention of the instructor immediately.

I acknowledge I have been advised to consult with my physician with respect to any past or present Injury, illness, cardiovascular problem, knee problem, back problem, neck problem, orthopedic condition, steoporosis, or any other condition that may affect my participation and ability to participate in and to endure the exercise programs, and I knowingly assume all risks relating to my participation in Pilates 365 activities. I acknowledge that I have discussed with my physician the appropriateness of the classes offered through Pilates 365 in connection with any illness or condition that I now have or have previously had and that I knowingly execute this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING MY RIGHT TO SUE. This agreement is intended to be as broad and inclusive as permitted by law. If any portion of this agreement is held invalid, the remaining portions will continue in full force and effect.

ACCEPTED AND AGREED

Signature _____ Date _____

Name _____

[If signing on behalf of a minor]

I _____ am the parent/guardian of _____
and I am signing this agreement on behalf of said minor.

Signature _____ Date _____