



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

Name _____ Date _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work/Cell Phone _____
Birth Date _____ Occupation _____
Email Address _____

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

___ Strength ___ Posture ___ Cross Train ___ Tone
___ Flexibility ___ Rehab ___ Balance ___ Coordination
___ Motor Control ___ Alignment Other _____

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 Denver Pilates Movement? (If applicable, include your referring doctor, chiropractor, physical therapist, massage therapist, etc.)



WAIVER OF LIABILITY AND INFORMED CONSENT RELEASE

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

Initial: _____ Visa/ MC # _____

CVV _____ Expiration Date: _____

Date _____

Photography release: I hereby grant permission and consent to The Pilates Movement, its representatives and employees the right to take photographs of me and my property. I authorize Denver Pilates Movement to use and publish the same in print and/or electronically. I agree that Denver Pilates Movement may use such photographs of me with or without my name for any lawful purpose including such purposes as publicity, illustration, advertising and Web content.

Initial: _____

I have enrolled in a program of instruction in the Pilates Method of physical conditioning offered by Denver Pilates Movement. 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 as well as possible exposure to viruses and bacteria. 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 Denver Pilates Movement 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, Denver Pilates Movement practitioners do not engage in diagnosing or treating medial diseases or deficiencies. **I understand that group classes are designed for participants in general good health and not for individuals recovering from surgery or significant injury.***

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

Denver Pilates Movement 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:

*Private sessions may be beneficial as a rehabilitative tool.