



HEALTH HISTORY FORM

NAME _____

DATE _____

PHONE (home) _____ (cell) _____

ADDRESS _____

EMAIL _____

BIRTHDAY _____

HOW DID YOU LEARN ABOUT US?

HAVE YOU PARTICIPATED IN PILATES EXERCISES BEFORE? YES NO

If YES, how long and what type of classes?

WHAT ARE THE GOALS YOU HOPE TO ACHIEVE FROM YOUR PILATES SESSIONS?

DO YOU HAVE ANY CURRENT INJURIES, PAIN OR SORENESS? YES NO

If YES, please
describe _____

LIST ANY CURRENT
MEDICATIONS _____

PLEASE LIST ANY SURGERIES/
DATES _____

PLEASE LIST ANY OTHER COMMENTS REGARDING YOUR HEALTH CONDITION

PLEASE SIGN OTHER SIDE



WAIVER AND RELEASE OF LIABILITY AGREEMENT

I understand and acknowledge that the exercise, physical activities, training and/or programs offered at The Pilates Swan may expose me to many inherent risks, including accidents, injury, illness, losses or even possibly death. I assume full responsibility for any and all risks and waive all claims for injuries or losses that I may sustain or incur while participating in such physical activities.

I acknowledge my responsibility in communicating to The Pilates Swan any physical concerns that may conflict with participation in activity. I acknowledge that I am physically fit and capable of performing the physical activity I choose to participate in.*

In consideration of my participation and the use of The Pilates Swan's studio, I agree to **HOLD HARMLESS, WAIVE AND RELEASE** The Pilates Swan, its owners, instructors, members, officers, employees and agents from any and all responsibilities, liabilities, loss, demands or claims of any kind resulting from ordinary negligence and inherent risk of use of its studio and equipment. I also understand that this agreement binds my heirs, executors, personal representatives, attorneys-of-law, attorneys-in-fact, administrators and assigns as well as myself.

I HAVE READ AND FULLY UNDERSTAND THE ABOVE WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I ACKNOWLEDGE THAT I AM SIGNING THE AGREEMENT FREELY AND VOLUNTARILY AND INTEND BY MY SIGNATURE TO BE A RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant's Name (Print): _____

Participant's Signature: _____

Date: _____

In case of emergency, contact:

Telephone: _____

*We recommend that you seek the advice of your physician before commencing any exercise routine.