

Premiere Pilates

Pilates Rehabilitation & Fitness Training
4057 Seminole Pt. Court
St. Augustine, FL 32806
(904)315-0667

Health & Fitness Questionnaire

Name _____

Address _____

City _____ State _____ Zip _____

Contact phone # _____ E-mail _____

Date of Birth _____ Age _____

Occupation _____ Employer _____

In case of emergency, please contact

Phone # _____ Relationship _____

Family Physician and/or Primary Health Care Provider:

Doctor/Other _____ Specialty _____

Address _____ Phone _____

Are you currently under a doctor's care? _____ Yes _____ No

Fitness Profile:

Are you currently involved in a regular exercise program? _____ Yes _____ No

Briefly describe your fitness history and current goals _____

Current Weight _____ Height _____

Back Pain: Non Upper Middle Lower **Cause:** Injury Muscle Weakness

Written Consent:

I acknowledge, to the best of my ability, that I am in good health and have no known medical problems that would restrict my ability to participate in this exercise program.

Participant Signature

Date

Premiere Pilates Pilates Rehabilitation & Fitness

4057 Seminole Pt. Court
St Augustine, FL 32086
(904)315-0667

Agreement and Release of Liability

In consideration of being allowed to participate in the activities and programs of Premiere Pilates, and to use its equipment, the undersigned acknowledges and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of injury does exist; and
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and
3. I understand this program does not provide any form of medical treatment, nor are its' fitness professionals licensed medical practitioners. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to attention of a Premiere Pilates fitness professional; and
4. In addition to the payment of fees and charges, I, for myself and behalf of my heirs, assigns, personal representatives and next of kin, hereby waive, release and forever discharge Premiere Pilates and its directors, officers, agents and or employees, representatives, successors and assigns, administrators, executors and all others from any or all responsibility or liability for any injury, disability, death, or loss to person or property, whether arising from the negligent act or omission of any of those mentioned or others acting on their behalf, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT'S SIGNATURE

DATE

Cancellation Policy

I agree to give 24 hours notice of a scheduled session cancellation. Cancellations made within less than 24 hours will be subject to a charge of the full cost of a session. I understand that this policy will be strictly adhered to.

PARTICIPANT'S SIGNATURE

DATE