

Health Questionnaire & Consent Form

Name: _____ Phone: _____

Email: _____

Have you done Pilates before? Yes ☐ No ☐

Why have you decided to commence Pilates? _____

Do you have any health or medical problems? (E.g., Heart issues, asthma, high blood pressure)

Yes ☐ No ☐

Details: _____

Do you have any current pain or injuries/conditions that may affect your movements in any way?

Yes ☐ No ☐

Details: _____

Do you have any past injuries/conditions that may affect your movements in any way?

Yes ☐ No ☐

Details: _____

Are you currently pregnant or have you recently given birth in the last 6 months?

Yes ☐ No ☐

Details: _____

Have you had any recent surgeries that I should know about?

Yes ☐ No ☐

Details: _____

Are you on any regular medication that I should know about, or which may affect your ability to exercise?

Yes ☐ No ☐

Details: _____

Unless otherwise listed above, are you physically active, able & willing to participate in Pilates classes?

Yes ☐ No ☐

Details: _____

Please provide any further information that I should be aware of

Details: _____

Waiver of Liability and Prospective Release Form for Abdul Kalam Pilates

I declare that I am over 18 years of age and acknowledge and understand that I have voluntarily chosen to participate in the lessons and activities offered by Abdul Kalam Pilates. I understand the nature of the Abdul Kalam Pilates fitness activities and am qualified, willing, and able to participate in such activities.

I acknowledge and agree that the workouts are a recreational sports activity and may involve strenuous physical activity including, but not limited to stretches, lifts, use of props, gymnastic movements, strenuous bodyweight exercises and other strenuous activities that I am not obliged to perform, nor am I obliged to participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during classes.

I understand that there are inherent risks in all aspects of physical exercise, and I acknowledge that I have been informed of the possible strenuous nature of training. I agree that prior to my participation I will inform Abdul Kalam Pilates of any known medical conditions or factors that may place me at risk. Abdul Kalam Pilates may request a medical release from my medical practitioner prior to participation. I will inform Abdul Kalam Pilates of any symptoms before, during and after Abdul Kalam Pilates class. I also understand that if I am a prenatal or postnatal client, that I must consult with my physician and receive clearance to perform physical exercise.

I fully accept and assume all such risks associated with Abdul Kalam Pilates classes and release Abdul Kalam Pilates and its staff from all liability for any loss, damage, injury, or expense that I may suffer, or that my next of kin may suffer because of my participation in the classes, activities and services provided by Abdul Kalam Pilates. I agree to hold harmless and indemnify Abdul Kalam Pilates and its employees and agents from all liability for any damage to the property of, or personal injury to, any third party, resulting from my participation in any program, activity or service provided by Abdul Kalam Pilates. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full force and effect.

I declare that I have advised Abdul Kalam Pilates of any injury, back, neck or joint pain, restricted movement, heart issues, asthma, or high or low blood pressure, arthritis, slipped or bulging vertebral disk, pelvic floor conditions, dizziness, diabetes, epilepsy, hernia, bone degeneration, high cholesterol, allergies, or chronic illness. I also declare that I have notified Abdul Kalam Pilates if I am pregnant and/or have given birth in the last 12 months, or if I have undergone surgery in the past 12 months.

Abdul Kalam Pilates shall not undertake any obligation (whether contractually, at common law or otherwise) to advise or treat me in relation to any of the matters referred to in the preceding paragraph. I acknowledge that it is my obligation and mine alone to take responsibility for my health and wellbeing during any type of exercise I undertake with Abdul Kalam Pilates. I give consent to certain physical corrections/touching that may be necessary to ensure proper technique and body alignment.

I acknowledge that Abdul Kalam Pilates shall not be liable or responsible to me for articles lost, damaged or stolen from any of its venues.

I acknowledge that I have being informed about the availability of Terms of Sale (which includes the cancellation policy, pack validity period, refund details) of the lesson or pack that is being purchased and I agree to those.

I acknowledge that Abdul Kalam Pilates will not be providing any dedicated parking facility.

The terms and conditions of this release form and waiver of liability are subject to change without notice.

I, _____, acknowledge that I have read the above release and waiver of liability and fully understand its contents. I agree to the above waiver and confirm all the information provided by or on behalf of myself is true and correct and that I have provided Abdul Kalam Pilates all necessary information about my health that may restrict my ability to perform a class. I agree that my body is my responsibility, and I will let my instructor know if I experience any pain or discomfort during the class. I acknowledge that if the instructor feels that I am unfit to participate in the workout, they will request I discontinue the workout.

Signature: _____ Date: _____