

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

Abdul Kalam Pilates | Bengaluru, Karnataka

1. Voluntary Participation and Assumption of Risk

I declare that I am over 18 years of age and acknowledge that I have voluntarily chosen to participate in the lessons and activities offered by Abdul Kalam Pilates. I understand that Pilates and associated fitness activities involve inherent risks, including but not limited to muscle strains, joint injuries, or serious physical injury. I expressly agree to assume all such risks, whether known or unknown, associated with my participation.

2. Release and Waiver of Liability (Including Negligence)

I hereby release and discharge Abdul Kalam Pilates, its owners, employees, and agents from any and all liability for personal injury, property damage, or wrongful death, even if caused by the ordinary negligence of the studio or its staff. This release includes all claims arising from my participation in lessons, classes, or use of the facility. This waiver does not apply to injuries caused by intentional misconduct or gross negligence as defined under Indian law.

3. Medical Disclosure and Pregnancy

I agree to inform Abdul Kalam Pilates of any medical conditions or factors—including heart issues, joint pain, or chronic illness—that may place me at risk. I certify that I am physically fit and have not been advised otherwise by a medical professional. If I am a prenatal or postnatal client, I confirm I have received medical clearance to participate. I will immediately stop exercising and notify my instructor if I experience pain or discomfort.

4. Emergency Medical Authorization

In the event of an injury or medical emergency during a session, I hereby authorize Abdul Kalam Pilates to seek and consent to emergency medical treatment as deemed necessary by a licensed medical professional. I agree to assume full responsibility for all costs and expenses associated with such medical care.

5. Physical Correction and Tactile Cueing

I acknowledge that Pilates may require physical corrections and touching by instructors to ensure proper technique and body alignment. I hereby give my informed consent to such tactile cueing.

6. Property and Facilities

Abdul Kalam Pilates is not responsible for any personal articles lost, damaged, or stolen at the venue. I acknowledge that the studio does not provide dedicated parking facilities.

7. Governing Law and Severability

This agreement shall be governed by and construed in accordance with the laws of India, and any disputes shall be subject to the exclusive jurisdiction of the courts in Bengaluru, Karnataka. If any portion of this agreement is held invalid, the remainder shall continue in full force and effect.

I have read this document in its entirety, fully understand its contents, and freely sign it, knowing that I am waiving certain legal rights.

Participant Signature: _____ Date: _____