

PILATES WITH ABDUL

BIOMECHANICAL INTAKE & CONSENT

Section 1: Personal Details

- Name: _____ Date: _____
- Phone: _____ Email: _____
- Occupation: _____
-

Section 2: Movement History

- Have you practiced Pilates before? Yes No
 - *If yes, was it Classical or Contemporary?* _____
 - Primary Goal: What specific physical outcome are you seeking? (e.g., Posture, Longevity, Athletic Performance)
-

Section 3: Clinical & Medical Profile

- Cardiovascular/Respiratory: Do you have a history of heart issues, asthma, or high blood pressure? Yes No
- Acute/Chronic Pain: Do you have current pain, injuries, or conditions affecting your movement today? Yes No
 - *Details:* _____
- Pathology History: Any past surgeries, fractures, or chronic conditions (e.g., Scoliosis, SI Joint issues)? Yes No
 - *Details:* _____
- Pre/Postnatal: Are you currently pregnant or have you given birth in the last 6 months? Yes No
- Pharmacology: Are you on any medication that affects your balance, heart rate, or energy levels? Yes No
- Physical Autonomy: Are you currently active and willing to participate in high-fidelity movement? Yes No

Section 4: Specialist Notes

Is there any further information regarding your physical history I should be aware of to ensure your safety?

Section 5: STUDIO STANDARDS & FINANCIAL AGREEMENT

Validity & Commitment

I understand that individual sessions expire in 7 days and 20-lesson packs expire in 3 months. I acknowledge the Consistency Formula (3x weekly) is recommended for optimal results.

Attendance Policy

I acknowledge that Abdul Kalam Pilates does not operate a traditional 24-hour cancellation window. Instead, I am responsible for completing all purchased sessions within the Validity Period; unused sessions are forfeited upon expiry.

Refunds & Transfers

I understand that refunds apply only to paid lessons in a pack (excluding tax and bonus sessions) and are subject to a 2% service fee. All sessions are strictly non-transferable.

Professional Conduct

I agree to abide by the Studio Guidelines regarding hygiene, attire, and respectful conduct.

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 the Authentic Pilates Method requires precise Biomechanical Corrections and tactile cueing to ensure safety and structural power. I hereby give my informed consent to such professional adjustments.

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.

FINAL ACKNOWLEDGEMENT & AUTHORIZATION

I have read and agree to the **Studio Standards & Financial Agreement** (Section 5).

I have read the **Waiver of Liability** in its entirety and voluntarily assume all risks.

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: _____