

ABDUL KALAM PILATES - Registered MSME: UDYAM-KR-03-0463577

Client Intake & Consent Form

Private Studio · Bengaluru · abdul@pilateswithabdul.com

Please complete all sections before your first session. Information is held in strict confidence and used solely to support safe, individualised instruction.

Section 1 — Personal Details

Full Name

Date of Birth

Phone

Email

Occupation

Emergency Contact Name

Emergency Contact Phone

Section 2 — Movement History

Have you practised Pilates before?

Yes No

If yes, briefly describe where and for how long

What other physical activities or movement practices are you currently engaged in?

Primary goal or area of focus *e.g. posture, athletic performance, longevity, injury prevention*

Section 3 — Medical & Movement Profile

Please answer each question carefully. This information is used to adapt sessions to your current physical status.

History of heart conditions?

Yes No

History of asthma?

Yes No

History of high blood pressure?

Yes No

Do you currently experience pain or injuries affecting your movement?

Yes No

If yes, please describe

Any surgeries, fractures, or chronic conditions?

Yes No

If yes, please describe

Currently pregnant or within six months postpartum?

Yes No

If yes, provide details and confirm medical clearance status

Taking medication that may affect balance, heart rate, or physical activity?

Yes No

If yes, please describe

Medical Clearance

If you answered Yes to any of the above and have been advised to obtain physician clearance before beginning physical activity:

Written medical clearance has been obtained Not applicable

Is there anything else regarding your physical history I should know to ensure safe instruction?

Section 4 — Financial Agreement

By signing this form you confirm that you have read and understood the following terms:

- Individual sessions are valid for 7 days from the date of purchase.
- 20-session packages are valid for 3 months from the date of purchase.
- Sessions are strictly non-transferable and may only be used by the original purchaser.
- Refunds apply only to unused paid sessions within an active package and are subject to a 2% administrative fee. Individual sessions are non-refundable.
- The studio does not operate a rolling cancellation window. Clients are responsible for scheduling and completing sessions within the applicable validity period.
- Late arrivals will be accommodated within the remaining session time.

Full Terms of Sale, Studio Policies, Medical Disclaimer, and Privacy Policy are available at pilateswithabdul.com and should be reviewed before signing.

Section 5 — Liability Waiver & Consent

Participation in physical exercise involves inherent risks, including muscle strain, joint stress, or other physical discomfort. By signing this document, you confirm that you voluntarily choose to participate in sessions at Abdul Kalam Pilates and accept the risks associated with physical activity.

- I am 18 years of age or older.
- I will disclose all relevant medical conditions prior to and during my practice.
- I will stop exercising and notify the instructor immediately if pain, dizziness, or unusual discomfort occurs.

Tactile Cueing

Sessions may involve hands-on adjustments to guide movement and refine alignment. If you prefer verbal instruction only, please inform the instructor before the session begins.

- I consent to tactile cueing and hands-on adjustments during sessions.

Section 6 — Final Acknowledgement

- I have read and agree to the Financial Agreement in Section 4.
- I have read and understood the Liability Waiver in Section 5.
- I confirm that the medical information provided above is accurate and complete.
- I have reviewed the studio's Terms of Sale, Studio Policies, Medical Disclaimer, and Privacy Policy at pilateswithabdul.com.

Participant Signature

Date

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