

PILATES WITH ABDUL

Biomechanical Intake & Consent Form

Section 1 — Personal Details

Name: _____

Date: _____

Phone: _____

Email: _____

Occupation: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Section 2 — Movement History

Have you practiced Pilates before? Yes No

If yes, was it Classical or Contemporary? _____

Primary goal or area of focus (Posture, longevity, injury prevention, athletic performance, etc.):

Section 3 — Medical & Movement Profile

Do you have a history of heart conditions, asthma, or high blood pressure?

Yes No

Do you currently experience pain or injuries affecting your movement?

Yes No

Details: _____

Any surgeries, fractures, or chronic conditions? Yes No

Details: _____

Are you currently pregnant or within six months postpartum? Yes No

Are you taking medication that may affect balance, heart rate, or physical activity? Yes No

Section 4 — Additional Information

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

Section 5 — Studio Standards & Financial Agreement

Individual sessions expire in 7 days.

20-lesson packs expire in 3 months.

Sessions are strictly non-transferable.

Refunds apply only to unused paid sessions and are subject to a 2% administrative fee.

Attendance Policy: The studio does not operate a rolling cancellation window. Clients are responsible for completing sessions within the validity period.

Section 6 — Liability Waiver & Consent

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

- I am over 18 years of age.
- I will disclose any relevant medical conditions.
- I will stop exercising and notify the instructor if pain or discomfort occurs.

Hands-On Cueing: Pilates instruction may involve tactile cueing and hands-on corrections to guide movement safely. I consent to such professional adjustments during sessions.

Section 7 — Final Acknowledgement

I have read and agree to the Studio Standards and Financial Agreement.

I have read and understood the Liability Waiver.

Participant Signature: _____

Date: _____