

LYNN TOFIL PILATES CLIENT INTAKE FORM

Date:

Name: _____ Phone: _____
Email: _____ Occupation/movement involved: _____
DOB: _____

Are you currently receiving medical treatment? __Yes __No

If yes, please explain. Include type of treatment.

Have you ever had any accidents, injuries, or major illness? __Yes __No

If yes, please explain.

Have you had any surgeries in the past 10 years? __Yes __No

If yes, please explain.

Do you suffer from chronic injuries and/or pain? __Yes __No

Do you have structural/movement difficulties? __Yes __No

If yes, please explain.

Please list any medications you're taking and what they are for:

What are your goals in Pilates or movement practice in general?

Familiarity with Pilates: (not familiar) 0 1 2 3 4 5 (very familiar)

Please indicate any that apply:

Conditions: __Heart Disease __High Blood Pressure __Diabetes __High Cholesterol __Stroke

__Pregnant in last 3 years __Restricted Physical Activity Allergies: _____

Injuries: __Head/Neck __Shoulders/Arms __Back/Ribs __Hips/Pelvis __Abdomen __Low Back

__Legs/Knees __Ankles/Feet

WAIVER OF LIABILITY

I, _____, hereby agree to the following:

1. That I am participating in the personal Pilates training offered by Pilates with Lynn Tofil, during which I will receive information and instruction about fitness and health. I recognize that Pilates and fitness training requires physical exertion that may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that there are physical and inherent risks involved in Pilates and fitness, including the risk of serious physical injury and death. I fully assume all risks associated with Pilates and fitness, including: intensive activity and exertion, causation or aggravation of a physical injury or medical condition, lack of warnings or inadequate warnings; lack of instructions, inadequate instructions, or my failure to follow instructions; slipping from slippery surfaces such as mats or floors; equipment failure; and the like. I am fully aware of and accept the risks and hazards involved, and agree to assume full responsibility for any risks, conditions, injuries or damages, known or unknown, which I might incur or aggravate as a result of my participating in Pilates with Lynn Tofil.
3. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in Pilates with Lynn Tofil. I represent and warrant that I am physically fit and I have no medical condition that would prevent my full participation in Pilates with Lynn Tofil.
4. In consideration of being permitted to participate in Pilates with Lynn Tofil, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in Pilates with Lynn Tofil.
5. In further consideration of being permitted to participate in Pilates with Lynn Tofil, I knowingly, voluntarily and expressly waive any claim I may have against Lynn Tofil for injury or damages that I may sustain as a result of participating in Pilates with Lynn Tofil.
6. I, for myself and my heirs, assigns, successors, executors, administrators, and legal representatives hereby release, and agree that I will not sue Lynn Tofil, its Affiliates, Officers, Directors, Agents, or the landlord of any premises at which Lynn Tofil may operate, for money damages for personal injury or property damage sustained by me during my use of, presence in, and/or participation in the Pilates with Lynn Tofil facilities and equipment.
7. I, for myself and my heirs, assigns, successors, executors, administrators, and legal representatives hereby agree I will defend, indemnify and hold harmless Lynn Tofil, its Affiliates, Officers, Directors, Agents, or the landlord of any premises at which Pilates with Lynn Tofil may operate, from any and all claims, suits or demands by anyone arising from my use of, presence in, and/or participation in the Pilates with Lynn Tofil facilities and equipment.
8. I also understand that, except for a monetary refund, I have no claim against Pilates with Lynn Tofil, or the landlord of the premises (except for the monetary refund), by reason of their refusal to allow me to participate in the Programs.
9. I understand that it is my continuing responsibility to inform Lynn Tofil of any previous medical conditions, injuries or surgeries prior to my first class and at such other times as I acquire information as to same.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Date: _____

Print Name: _____

Sign Name: _____