



Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Last Physical Exam \_\_\_\_\_  
 Birth date \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Phone \_\_\_\_\_

Email \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Mobile \_\_\_\_\_  
 Work \_\_\_\_\_  
 Home \_\_\_\_\_

**Referred By**

\_\_\_\_\_ Friend/Client \_\_\_\_\_ Renew Yoga \_\_\_\_\_ Doctor/P.T. \_\_\_\_\_ Yelp  
 \_\_\_\_\_ Website \_\_\_\_\_ Signage/Flyer \_\_\_\_\_ Other-Specify \_\_\_\_\_ Google Ad

**Body**

\_\_\_\_\_ High/Low Blood Pressure-Specify \_\_\_\_\_  
 \_\_\_\_\_ Dizzy Spells or Fainting \_\_\_\_\_  
 \_\_\_\_\_ Hospitalized for Illness, Injury, or Surgery-Specify \_\_\_\_\_  
 \_\_\_\_\_ Currently on Medication-Specify \_\_\_\_\_  
 \_\_\_\_\_ Pregnancy-Specify #, C-section, vaginal, or not to term \_\_\_\_\_  
 \_\_\_\_\_ Would you like to be part of the Breast Cancer Pink Ribbon Program? \_\_\_\_\_  
 \_\_\_\_\_ Are you seeking post-rehabilitative or Pilates for Chronic Pain? \_\_\_\_\_  
 \_\_\_\_\_ Are you in the beginning, middle or through menopause? (any issues?) \_\_\_\_\_  
 \_\_\_\_\_ Would you like to participate in Pilates research? \_\_\_\_\_  
 \_\_\_\_\_ Are you interested in Hendrickson Massage combined with Pilates? \_\_\_\_\_  
 \_\_\_\_\_ Other (Arthritis, Fibromyalgia) \_\_\_\_\_

**Brain**

\_\_\_\_\_ Do you have anxiety? Explain \_\_\_\_\_  
 \_\_\_\_\_ Does any work or life stress impact your well-being? \_\_\_\_\_  
 \_\_\_\_\_ Do you have trouble setting or sticking to your goals? \_\_\_\_\_  
 \_\_\_\_\_ Do you have trouble taking risks? How much time per day do you look at small screen? \_\_\_\_\_

**Have you had any injuries, sprains, or surgeries to any of the following? Please type R/L**

Foot	Ankle	Knee	Hip	
Hand	Wrist	Elbow	Shoulder	
Head	Neck	Upper-back	Mid-back	Low-back

What forms of current exercise are you participating in and what is the frequency?

What are your fitness goals in 1 month/3months/1year?

## Studio Policy Agreement

### Studio Policies/Client Commitment

All sessions and classes are 25-50 minutes in length

All packages are **non-refundable** and non-transferable

Instructors may be substituted without notice.

Within studio please place cell phones on silent or vibrate

Pilates teaching may be offered online or in studio & all sessions are interchangeable

I understand the risk of injury from Pilates activities and using any Pilates or studio equipment may be significant, including the potential for injury or death.

I knowingly and freely assume all such risks, both unknown and known.

I acknowledge that I may engage in both privately supervised, group supervised, or unsupervised activity and I assume all risks of using equipment, movement or exercise routines or props with or without staff present.

In addition, I acknowledge that the business may include outdoor activities, which may present risks such as slippery surfaces, uneven surfaces, loose rocks/gravel, unseen landscaping issues or more.

I hereby release, indemnify and hold harmless Wicked Pilates of Queen Creek, AZ 85142 and the owners of this business or any other business that may be associated with this company, with respect to any and all injury, disability, disease, viral condition, death, loss or damage to person or property that may arise out of connection with this business or any use of its products, services or classes.

I expressly agree that this release is intended to be as broad and inclusive as permitted by applicable law and if a portion of this release is held invalid the balance shall remain in full force and effect.

This release shall apply to my heirs, assigns, personal representatives and any other next of kin.

I understand that this business is relying on this release in agreeing to enter into this agreement. I have read the release of liability and assumptions of risk agreement and fully understand its terms and that I have given up substantial rights by signing it and I sign it freely and voluntarily without inducement.

Signature \_\_\_\_\_

Date \_\_\_\_\_