

OJAS

wellness center

Ojas Equipment Pilates Intake Form

Name _____ Phone _____

Street _____ City _____

State _____ Zip Code _____ E-mail _____

Date of Birth _____ Emergency Contact _____

How did you hear about us? (please check one)

Friend/Referral **PLEASE PRINT NAME**

Walk In/Drive-By Advertisement Phonebook Internet

Other: _____

What previous or recent accidents, injuries, surgeries, or health conditions do you have?

Are you currently under any medical care or supervision?

If so, what for?

Do you exercise? If so, what type of activity?

Height _____ feet _____ inches

Are you pregnant? _____ Due Date? _____

Are there any other issues, concerns or information you would like your instructor to know?

Reformer Pilates Experience: None Less than 1 year More than 1 year

Other _____

I hereby agree to the following:

A student that is new to Equipment Pilates is required to take an introductory private class before joining a session of group classes. This private class will introduce the basics of Equipment Pilates as well as ensure comfort before transition into group classes. The fee for the introductory private class is \$60 and it is required the class is purchased in advance. This introductory class is by appointment only and is not renewable and only may be refunded or rescheduled in cases of emergency.

I agree to take full responsibility for not exceeding my limits in the study and practice of Equipment Pilates and for any injury or discomfort I might experience in the study and practice of Equipment Pilates. I recognize that Equipment Pilates requires physical exertion, which may be strenuous and I am aware of the risks and hazards involved.

It is my responsibility to consult with a physician prior to and regarding my participation in Equipment Pilates class.

I waive any claim that I might have at any time for injury of any sort against Ojas Wellness Center and any instructors at Ojas Wellness Center or entity involved therewith.

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.

I do forever release Ojas Wellness Center, the practitioners and their insurers, from all liability of any nature whatsoever, whether past, present, or future for injury or damage which may occur. I agree to hold harmless and defend Ojas Wellness Center and the practitioner of and all actions, claims, or other legal or administrative action that has arisen or may arise from my participation in this service.

Signed: _____

Date: _____

PILATES CONSULT

Student Name _____

- Goals for starting a Pilates Program

- Recreational Activities (ie. horse back riding, snowboarding, etc.)

-History of Activities/Sports/Dance

-Job/Lifestyle

-Surgery/Injuries/Current Medical Conditions

-Other