



YOGA

Print Name: _____ Date of Birth: _____

Address/City/Zip: _____

Phone: _____ Email: _____

Medical History

Please circle

Are you currently involved in an exercise program or currently exercising: Yes No

Please list your current fitness and wellness goals: _____

Best time of day to exercise? Morning Afternoon Evening

>Do any positions, exercises or activities cause any pain or anxiety? Yes No
If so, please describe: _____

>Do you have any musculoskeletal issues that may be aggravated by exercise? Yes No
If so, please describe: _____

>Have you had surgery in the past 3 months? Yes No
If so, please describe: _____

STOP!! IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS AND CHOOSE NOT TO OBTAIN A DOCTOR'S WRITTEN RELEASE TO EXERCISE, PLEASE READ AND SIGN THE FOLLOWING:

WAIVER OF CLAIM AND ASSUMPTION OF RISK. Each member is advised that the use of *Centered Body Pilates* facility may be dangerous and hazardous, and may involve possible risk of bodily injury and perhaps even death. Each member, and each guest or dependent, assumes full risk to his or her person and property arising out of the use of *Centered Body Pilates* facility, activities sponsored by *Centered Body Pilates*, or transportation provided by *Centered Body Pilates* and agrees to release, indemnify, and hold *Centered Body Pilates* harmless from any and all risk and liability, except as may arise from the negligent acts or omissions of willful misconduct on the part of *Centered Body Pilates*. Each member further agrees to indemnify *Centered Body Pilates* for all legal expenses incurred in defending any claim or action brought against *Centered Body Pilates* to recover damages sustained through any accident or injury caused by such member, member's guest, or dependent. By signing, I am agreeing to the prior statement and am choosing not to obtain a medical release from my physician recommended by *Centered Body Pilates* based on assigned risk factors above.

ASSUMPTION OF RISK AND WAIVER OF LIABILITY

I (print name) _____, understand that there is an increased chance of injury with any form of exercise. I accept complete responsibility for my health and well being in this voluntary exercise/fitness program and related testing. I understand that no responsibility is assumed by Centered Body Pilates and employees of Timothy Durant Physical Therapy, LLC.

Signature: _____ Date: _____