



Client Screening and Waiver Form

Thank You!

PERSONAL DETAILS

Name

Address

D.O.B

Email

Mobile

Emergency Contact Name/No

Occupation

May we contact you by email or phone? Yes No

Where did you hear about us?

Let us know if you partake in any other forms of exercise

Is this your first time practising Pilates? Yes No

If no, what form/apparatus have you used?

What is your physical history?

Injuries/Surgeries

Ailments/Illnesses

Pregnancies

When? C-Section?

What is your current physical condition? Poor Fair Good Excellent

What are your primary goals?

Strengthen Muscles Balance Mind/Body connection Stress Reduction Lose Weight Gain flexibility

Work a specific target area?

Please specify any areas of your body affected by pain/injury/discomfort and on which side

Please circle Y-Yes or N-No & R-Right and/or L-Left

Neck	Y	N	R	L	Ribs	Y	N	R	L	Head	Y	N	R	L
Hand	Y	N	R	L	Hip/Pelvis	Y	N	R	L	Arm	Y	N	R	L
Upper Back	Y	N	R	L	Ankle Foot	Y	N	R	L	Mid Back	Y	N	R	L
Lower Back	Y	N	R	L	Abdomen	Y	N	R	L	Knee	Y	N	R	L

IMPORTANT INFORMATION

In signing below I agree that AllBody Pilates is no way responsible for the safe keeping of my personal belongings whilst I attend class. I understand that classes with AllBody Pilates may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher and not push through pain. I understand that Pilates is not a substitute for medical attention, examination, diagnosis or treatment and that Pilates is not recommended and is not safe under certain medical conditions. If I am injured or have any medical conditions I understand that I need to clear with my doctor that I am safe to participate in class and acknowledge that private Pilates classes are recommended in this case. I agree that I alone am responsible to decide whether to practice Pilates. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against AllBody Pilates or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

I confirm that I have read and understood the above advice and that the information I have given is correct.

I confirm that my teacher may use the contents of this form, and any other information I may later provide, for teaching purposes, and that this information:

- will be used in confidence and stored securely
- will not, in any circumstances, be shared with a third party without my written consent, unless that party is another (AllBody Pilates) teacher who will teach me
- may be retained by the teacher for a period of time such as complies with professional, legal, and insurance requirements that they must fulfil

I confirm agreement for my teacher to contact me with information on classes and other Pilates-related activities, and understand that I have the right to withdraw this 'consent to be contacted' at any time.

Signed

Date