reform Movement PILATES

Name_____ **Date of Birth**____/____/_____
Address_____ **City**_____ **State**_____ **Zip**_____
Telephone Cell_____ **Home**_____ **Work**_____
Email Address_____
Emergency Contact & Telephone_____
Occupation_____ **Referred By**_____

Health History

Do you have any of the following:	**Yes**	**No**	**Allergies:** List:_____	**Yes**	**No**
Heart Disease	☐	☐	Asthma	☐	☐
Diabetes	☐	☐	Blood Disorder	☐	☐
Cancer	☐	☐	Pacemaker	☐	☐
Arthritis	☐	☐	Are you pregnant or nursing	☐	☐
Epilepsy or Seizures	☐	☐	Any current injuries	☐	☐
Any Contagious Disease	☐	☐	Are you currently being treated for any other medical condition	☐	☐

If you answered yes to any of the above, please explain:_____
_____

Is there any other medical condition we should know about? _____
_____

Medications: prescription/nonprescription, Name: _____
_____

What is your primary goal for participating in our program? (Please Circle) **Lose Weight** **Overall Health & Wellbeing**
Overall Strength & Flexibility **Therapy or Rehabilitation of Injury** **Other**_____
_____

I acknowledge that I am voluntarily participating in fitness activities, exercise programs, and /or massage at Re-Form Movement Pilates and that there is a risk that I may injure myself, and fully assume the risk for same. Further, I agree to release and hold harmless Re-Form Movement Pilates, its employees, officers, directors, shareholders, successors, heirs, executors, agents, and / or contractors, for any and all actions, cause or causes of action, suits, debts, dues, sums of monies, accounts, reckonings, bonds, bills, claims, covenants, contracts, controversies, agreements, promises, trespasses, damages, judgments, executions, and demands whatsoever, in law or in equity, tort or contract, which I ever had, now have, or can, shall, or may have for, upon, or by reason of any matter, cause or thing whatsoever, that may occur or has occurred. It is further understood and agreed that this release extends to all claims of every nature and kind whatever, known or unknown, suspected or unsuspected, and that the undersigned is executing this release upon his, her, or its own free will and upon no representations of the parties released. **All packages 6 months expiration, nontransferable, no-refunds**. **I hereby affirm that I have read and fully understand the above.**

Signature_____ Date_____/_____/_____