

MIND YOUR BODY LLC

Name: _____ Date: _____

Address: _____

Phone: _____ Cell: _____

*Email Address: _____ Birth date: _____

Occupation: _____ Height: _____ Weight: _____

How did you hear about Mind Your Body LLC? Who referred you?

Please list injuries or surgeries (past & present) include aches and pains

Are there health concerns such as pregnancy, diabetes, high or low blood pressure? Meds?

Are you presently doing any other therapy, massage, chiropractic, etc?

Are you active in other sports, exercise programs, physical activity? Explain.

Have you had previous Pilates training, where and how long?

What are your goals from these Pilates sessions?

STOTT PILATES IS ONE OF THE SAFEST FORMS OF EXERCISE. I AM A QUALIFIED AND EDUCATED INSTRUCTOR THAT TEACHES IN A MANNER THAT IS SAFE, CONTROLLED AND STRIVING FOR PERFECT FORM. YOU SHOULD NOT FEEL ANY PAIN. PLEASE AGREE TO TAKE SELF-RESPONSIBILITY TO INFORM ME IF YOU DO FEEL PAIN, SO I CAN MODIFY THE EXERCISE FOR YOU.

I agree, in consideration for my participation in Pilates instruction and classes ("Pilates Activities") instructed by all instructors @ Mind Your Body LLC. (a) that there are inherent risks of serious personal injury involved in Pilates Activities, (b) to assume and accept such risks of personal injury related to my participation in Pilates Activities, and (c) to release and hold harmless all instructors @ Mind Your Body LLC from all causes of action, claims, and expenses for any personal injuries related to my participation in Pilates Activities. **In addition, I agree that all cancellations are to be charged if not made 24 hours in advance.**

Signature