**Inspire Pilates Client Profile**

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY, STATE, ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOBILE PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HOME PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-MAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMERGENCY CONTACT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RELATIONSHIP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HAVE YOU DONE PILATES or YOGA BEFORE? Yes No IF YES, HOW LONG AGO?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT ARE YOUR GOALS FOR YOUR PILATES or YOGA PRACTICE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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WHAT ARE YOUR OTHER FORMS OF EXERCISE?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PLEASE LIST ANY INJURIES OR ACHES AND PAINS YOU CURRENTLY HAVE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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ARE YOU PREGNANT? Yes No

HAVE YOU GIVEN BIRTH IN THE PAST YEAR? Yes No IF YES, WHEN?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAVE YOU EVER HAD ANY OF THE FOLLOWING?

\_\_\_\_\_\_\_\_Joint Problems \_\_\_\_\_\_\_\_Sprains \_\_\_\_\_\_\_\_Fractures \_\_\_\_\_\_Osteoporosis

\_\_\_\_\_\_\_\_High Blood Pressure \_\_\_\_\_\_\_\_Heart Problems \_\_\_\_\_\_\_\_Surgery \_\_\_\_\_\_\_\_Cancer

\_\_\_\_\_\_\_\_Diabetes \_\_\_\_\_\_\_\_Asthma \_\_\_\_\_\_\_\_Liver Disease \_\_\_\_\_\_\_\_Whiplash

ARE YOU CURRENTLY RECEIVING CARE FROM ANY OF THE FOLLOWING?

 \_\_\_\_Physical Therapist \_\_\_\_Chiropractor \_\_\_\_Physician \_\_\_\_Massage Therapist/Bodywork

PLEASE LIST ANY MEDICATIONS YOU ARE CURRENTLY TAKING: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Welcome! We look forward to working with you to achieve your goals at Inspire Pilates*

**Acknowledgement of Risk and Waiver of Liability**

I understand that I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, will be participating in a fitness program through Inspire Pilates that will require physical exertion. Before beginning this program, I was asked by my instructor whether I have any physical limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those I have written on the attached sheet.

I understand that, by signing this statement, I am agreeing to not hold Inspire Pilates or any of its employees, owners, agents, or insurers responsible for any bodily injury or property damage that may suffer as a result of my participation in a fitness program through Inspire Pilates whether at Inspire Pilates, at home, or elsewhere. As such, I understand and agree that Inspire Pilates, its employees, owners, agents, or insurers shall not be liable for any bodily injury or property damage that may result either directly or indirectly from my participation in a fitness program through Inspire Pilates.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Participant’s Signature**  **Date**

**Cancellation and Payment Agreement**

Inspire Pilates requires 24 hour notice if you cannot make your scheduled appointment time. If less than 24 hrs notice is given **you will be charged for the session time.**

**Participant’s Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_