

# Easton-Foxboro Pilates & Myofascial Release Health Waiver

Client Information ( Please print clearly)

Date\_\_\_\_\_

Name\_\_\_\_\_Address\_\_\_\_\_

Town\_\_\_\_\_State\_\_\_\_\_Zip\_\_\_\_\_

Home phone\_\_\_\_\_Cell\_\_\_\_\_

Age\_\_\_\_\_Occupation\_\_\_\_\_D.O.B.\_\_\_\_\_

Email (print clearly) \_\_\_\_\_

How did you hear about us?\_\_\_\_\_

Pilates experience (circle one) mat apparatus none Myofascial Release Y or N

Best way to reach you: (check one) \_\_\_text\_\_\_email\_\_\_phone

I'm interested in doing Pilates classes, myofascial release sessions or both.

HEALTH HISTORY (check all items that apply)

\_\_\_ recent surgery\_\_\_\_\_date\_\_\_\_\_

\_\_\_ heart attack or stroke

\_\_\_ diabetes

\_\_\_ medications\_\_\_\_\_

\_\_\_ vertigo (dizziness)

\_\_\_ blood clots

\_\_\_ hypertension (high blood pressure)

\_\_\_ back or neck pain\_\_\_\_\_

\_\_\_ arthritis

\_\_\_ scoliosis

\_\_\_ balance deficit

\_\_\_ pre-natal/post natal # of months\_\_\_\_\_

## Service Policy, Payments and Cancellations

- Pilates classes and MFR sessions are pre-scheduled and prepaid prior to attending.
- Please be aware of expiration dates on your class package. Class packages are non-refundable.
- A 24 hour cancel notice is required or the class is forfeited.
- An MD note is required for lengthy illness or injury to return to class.

Date\_\_\_\_\_

Signature\_\_\_\_\_

# Release of Liability

The client hereby acknowledges that any exercise program involves risk of injury of both a known and unknown nature. The client is advised to seek a physician's recommendation relative to his/her ability to participate in a physical activity program. The client agrees to provide to the trainer/instructor a written statement relative to any exercise or activity restrictions from his/her physician.

The client accepts full responsibility for his/her health and well-being. The client acknowledges that the trainer/instructor cannot guarantee that his/her participation in the Pilates exercise program will be injury-free. Accordingly, in consideration of his/her participation in the Pilates exercise program the client agrees to release, discharge and hold harmless the trainer/instructor and the Pilates program director/owner from any and all actions, claims, and costs that in any way result from the services provided by the trainer/instructor.

Furthermore, the client understands that Myofascial Release consist of a gentle bodywork using sustained light pressure into the tissue to release pain in the body. The client takes full responsibility of their own holistic healing process and holds the MFR therapist harmless from any and all actions, claims, damages and costs that in any way result from the services provided by the MFR therapist.

Date \_\_\_\_\_ Client Signature \_\_\_\_\_