

# TRU PILATES

AND YOGA STUDIO

## PERSONAL TRAINING/EXERCISE PROGRAM INFORMED CONSENT AND RELEASE OF LIABILITY

NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

Best phone# to reach you \_\_\_\_\_ May we text message? Y / N

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

How did you find us? \_\_\_\_\_

Emergency contact \_\_\_\_\_ phone \_\_\_\_\_

I have volunteered to participate in a complete fitness assessment, personal training and/or exercise program. I waive any responsibility of personal damage which may be blamed upon such a personal training/exercise program in the future and accept the responsibility for requesting such exercise and assistance. Furthermore, I agree to hold harmless, release and forever discharge Tru Pilates and Yoga, LLC, and/or their professional fitness staff, personal trainers, agents, representatives, and all others, from any and all claims which may result in injury or death, accidental or otherwise, within the scope of personal training/exercise program. I understand that fitness activities involve a risk of injury and that the possibility of certain unusual changes during physical exercise does exist. They include but are not limited to, abnormal blood pressure, fainting, disorders of heartbeat, and in very rare instances, heart attack or death. To my knowledge, I do not have any limiting physical condition or disability, which would preclude a fitness assessment and/or fitness training program. I hereby acknowledge and accept any and all risks of injury or death.

Tru Pilates and Yoga, LLC is registered with the state of Florida as a Health Studio Facility. Registration #HS8527

Should you choose to pay for more than one (1) month of this agreement in advance, be aware that you are paying for future services and may be risking loss of your money in the event this studio and/or the business location ceases to operate. This health studio is not required by law to provide any security and there may not be other protections provided to you should you choose to pay in advance.

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Pilates Medical History

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_

Please circle any of the following that apply:

High Blood Pressure	Heart Problems	Cancer	Asthma
Diabetes	Joint Problems	Pregnancy	Smoker
High Cholesterol	Fractures	Seizures	Scoliosis
Night Pain	Chronic Illness	Back Problems	Arthritis
Shortness of Breath	Recent Surgery	Osteoporosis/penia	Disk injuries

Other: \_\_\_\_\_

Please circle the types of movement you have experienced:

Dance	Yoga	Martial Arts	Running	Pilates	Swimming
Aerobic Dance	Team Sports	Cycling	Other: _____		

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Current Therapy: \_\_\_\_\_

Anything else you would like to tell us: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_