



Customer Information

Date: ____/____/____

Personal Information:

Name: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____ cell home

How did you hear about us?: _____

Emergency Contact:

Name: _____ Relationship: _____

Phone: _____ cell home Email: _____

Health History:

Do you take any medication, if yes which: _____

Please let us know if you have:	Yes	No
Neck Problems		
Diabetes		
Stroke		
Dizziness / Vertigo		
Hip, knee, ankle, foot issues		
Shoulder, elbow, hand issues		
Joint replacement		
Arthritis (what type)		
Osteoporosis		
High/Low blood pressure		
Chronic Illness		
Car accident resulting in injury		
Are you pregnant		
Abdominal surgery or hernia		
Heart Problems		
Surgeries		
Others		

Would you like to lose weight, if yes how much:

Would you like a FREE 15 minute dietary assessment with the registered dietitian?

Yes No

Please sign the release form on the back →

WAIVER AND RELEASE OF LIABILITY

I, _____ hereby agree to waive, release, acquit and otherwise discharge Pilates Health Connexion, its officers, directors, agents, and employees, and agree to hold Pilates Health Connexion, and its officers, directors, agents, trustees, and employees, harmless from and for all manner of actions, causes of action, claims, expenses, judgments or demands of any kind whatsoever, including court costs and attorney's fees, related to any injury, whether to person or property, sustained by me, as a result of negligence or otherwise on the part of any person, arising from or in connection with my interaction with Pilates Health Connexion.

The execution of this Waiver and Release of Liability form shall be a condition precedent to my participation in any programs at Pilates Health Connexion.

This waiver shall be governed and interpreted by the laws of the State of Florida.

The person(s) signing this document understand that the execution of this document may have an effect on the signer's legal rights, and acknowledge that the document was signed freely and voluntarily with a full understanding of the nature and meaning of the waiver and release given herein.

Signature of Customer

Date

Signature of Parent or Guardian

Date