

Physical Assessment of Readiness Questionnaire/PAR-Q

Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

Birthday: ___/___/___ Ht: _____ Wt: _____ Occupation: _____

Emergency Phone: _____

YES /NO

Y N

Has your doctor ever diagnosed a heart condition, and suggested that you perform/avoid specific activity?

Do you feel pain in your chest when you do physical activity?

In the past month, have you had chest pain when you were not doing physical activity?

Do you lose your balance because of dizziness or do you ever lose consciousness?

Is your doctor currently prescribing drugs for your blood pressure or heart condition?

Do you know any reason why you should not perform physical activity?

Are you Pregnant?

If you answered "Yes" to one or more of the above questions, we must ask that you consult your physician and obtain a medical release before you engage in activity with our instructors. Tell your physician which questions you answered "Yes" to and seek advice from your physician on what type of activity is suitable for your current condition. A medical release form will be required for your file with our instructors, and will be kept confidential.

Health History: YES/NO

Do you have any musculoskeletal pain/injury/surgery? (Disc, Arthritis, Tendinitis, Bursitis, Joint Replacement) If yes, please explain: _____

Has your doctor ever diagnosed you with a chronic disease, such as: coronary heart disease, emphysema, cystic fibrosis, osteoporosis/osteopenia, fibromyalgia, chronic fatigue, hypertension, diabetes, MS, thyroid, or high cholesterol? If yes, please explain _____

Asthma/Allergies (Do you carry an inhaler with you? _____)

Are you Post Natal? YES NO Dr. release to exercise? YES NO Cesarean/Diastasis? YES NO

Scoliosis? Type of curvature _____

Is there any other medication you are on, or condition that we may need to be aware of to safely engage you in an exercise program? _____

What are your fitness goals?

Weight loss Increase Flexibility Improve Technique Abdominal/Lower Back Strength

Energy Gain Gain Strength Stress Reduction Injury Recovery Improve Posture

Other: _____

Do you currently work out on a regular basis? YES NO If so, please describe your current workout program and the frequency: _____

Has any exercise program had any positive or negative effects on your body? If yes, please list: _____

Do you partake in any recreational activities? YES NO If yes, please list: _____

Is there anything else you would like your Pilates instructor to know about? _____

Agreement of Release and Waiver of Liability for Pilates Training Company

PLEASE READ CAREFULLY—THIS IS A RELEASE AND WAIVER OF CERTAIN LEGAL RIGHTS

I agree that I am personally responsible for my safety and actions while attending Pilates/Training with Pilates Training Company, Megan Drake, and Associates (PTC or the “Studio”). I agree to comply with all Studio Policies, including but not limited to all guidelines, studio signage, recommendations on the web site and instructions given at the Studio.

I, the client, acknowledge that, all exercise and participation is done at my own risk, and that the Studio is not liable for any injury to my person or illness. I also acknowledge that the Studio is not responsible for theft of or damage to my personal property left at the Studio or for theft or damage done to my automobile or personal property in the parking lot at any affiliated location. The Studio suggests that clients do not bring valuables into the Studio. I hereby assume all risks associated with the use of The Studio’s facilities.

I affirm that I, as well as all household members, do not currently have, nor have we experienced the following symptoms **WITHIN THE LAST 5 DAYS**: Fever of over 100° F or more, non-allergy related runny nose, unexplained body aches/pains, digestive issues like diarrhea, dry cough, chills with or without aches, sore throat, unusual fatigue, unexplained sores on feet, conjunctivitis (pink eye) or shortness of breath.

I affirm that I, as well as all household members to the best of my knowledge, have not been diagnosed or knowingly been exposed to anyone diagnosed with COVID-19 **WITHIN THE PAST 10 DAYS**.

I understand that the Studio cannot be held liable for any exposure to the COVID-19 virus caused by misinformation on this form or the health history provided by each client.

I agree that the Studio may terminate any session if I exhibit illness or fever over 100°. I will be asked to leave the Studio if this occurs. I agree not visit the Studio for a 5-day period if any of the above symptoms occur.

I hereby, on behalf of myself and any family members, hold The Studio and all of its employees and officers, successors, spouse, estate, heirs, executors, administrators, assigns, and personal representatives, harmless, and forever release, waive, discharge, and indemnify the Studio against, any and all claims, including, but not limited to, illness (whether COVID related or otherwise), personal injury, including bodily injury or death, and all property damage, arising out of or in any way connected with my entry into, or use of the Studio’s facilities and affiliates by myself, my minor children, my guests, or invitees. The terms and conditions contained herein, along with the Studio Policies (following page), constitute the full agreement between the Studio and myself, and no oral promises made are a part of any agreement. I further understand and agree to accept the risks associated with becoming infected by any communicable disease and acknowledge that the Studio is taking all reasonable and available precautions to protect me and its staff from infection. I agree that by entering the Studio’s facility I will comply with all health-related guidelines imposed.

I am aware that the PTC is here to serve me by sharing knowledge of Pilates and health. I understand that the practice of Pilates involves movement and exercise which may from time to time be strenuous, and that such practice carries some risk of injury. I also understand that I must judge my own capabilities with respect to practicing Pilates with PTC, and have the right and obligation to terminate any exercise if I feel it is inappropriate for my abilities and me. By my participating in classes or activities with PTC I agree to take full responsibility for not exceeding my limits in the practice of Pilates, for selecting the appropriate level of classes, and for any injury I might suffer in the practice of Pilates. I acknowledge that it is my responsibility to inform the instructor immediately if an injury occurs during class. I understand that, from time to time during classes, instructors may physically adjust students’ form. If I do not want such

physical adjustments, I will so inform that instructor at each class I attend. I hereby waive and release any claim that I might have at any time for injury of any sort against PTC, or any person or entity in any way involved therewith including without limitations its principals, instructors, employees, agents, and representatives.

By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; I am sufficiently informed about the risks involved in using the Studio, as well as to decide whether to sign this document. No oral representations, statements, or inducements, apart from the foregoing written agreement have been made to me. I am at least eighteen (18) years of age and fully competent; and I execute this document for full, adequate, and complete consideration fully intending to be bound by the same. If I sign on behalf of a minor for whom I am the parent or legal guardian, I fully understand that this waiver of liability also applies to the minor identified herein below. I have read and understand the above waiver, and voluntarily sign below.

Printed Name: _____ Date: _____
Signature: _____
Parent Signature (if participant is a minor) _____
Date _____ Participant's Name: (if a minor): _____

Studio Policies

- All sessions/series must be paid for in advance.
- Cancellations must be made 24 hours prior to appointment or session will be forfeit.
- All series expire 3 months from purchase and are NOT transferable/refundable/interchangeable.
- No cell phones, pagers, children or pets in Studio unless consent is given by staff.
- All staff and clients must arrive perfume and fragrance free
- Studio reserves the right to assign a substitute teacher for group classes
- Clean socks are mandatory to use equipment and may not be stored at the studio
- At least 1 Private Session (by appointment) is required prior to taking any equipment classes
- Instructor must approve clients prior to admittance into group equipment classes
- Group format not allowed for those under 18 years old, injured, or those needing specific rehabilitation; rather privates are required until otherwise permitted by staff.
- **Please do not attend class if you are ill or contagious for the welfare of others.**
- Please do not attend any class if you have been knowingly exposed to an ill person.
- No early admittance to studio prior to scheduled session/class time. Please wait in the waiting room until the instructor comes to get you.
- All shoes must be removed upon entry to the studio – an area will be provided for shoes.
- Handwashing is encouraged before and after all sessions.
- Personal clean hand/foot straps are optional to be brought into the studio for your personal use only.
- Any item left at the studio may be subject to disposal – please check your surroundings before departing.

All sessions are approximately 50 minutes long (virtual class 45 min) and begin at the appointment time. Please notify us of any changes in your health/medical condition.

I have carefully read, fully understand and agree to the above.

Signature of Participant _____
Print Name: _____ Date: _____
If participant is under 18, signature of parent/legal guardian: _____

Thank you for choosing Pilates Training Company!