

Pilates^{with} Nicole Calvino

Student Information and Release Form

Personal Details - PLEASE PRINT CLEARLY, THANK YOU

Date: ___/___/___ Full Name: _____
Phone Number: _____ Occupation: _____
Address: _____
Email: _____
D:O:B: ___/___/___ Gender: male / female

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Medical History

Do you currently have any injuries? Y/N Details: _____

Have you ever had any major injuries or surgeries? Y/N Details: _____

Are you currently taking any medications that may effect your ability to exercise? Y/N
Details: _____

Are you pregnant? Y/N If yes, when is your due date? _____

Do you or have you ever suffered from any of the following conditions which may effect your
ability to exercise? (If yes please provide details)

- | | |
|--|--|
| <input type="checkbox"/> Heart Disease/Condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Fibro Myalgia | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Scoliosis or Kyphosis |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Back Injury |
| <input type="checkbox"/> High/Low blood pressure | <input type="checkbox"/> Other (Please give details) |

Details: _____

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Fitness Details

Have you previously practiced Pilates? Y/N

If yes, how long have you been practicing? _____

Would you say you are a Beginner Intermediate Advanced

Do you participate in any other forms of exercise or sport? Y/N

Details: _____

Please advise the instructor before each class if any of the above information changes. It is always recommended to consult a doctor before beginning any new form of physical activity.

Release and indemnity to the Recreational Activity Provider

In Consideration of **Pilates with Nicole Calvino** (“the Recreational Activity Provider”) agreeing to provide me with instruction in the practice of Pilates (and to the extent that the same is not precluded by Statute) **I Acknowledge and agree to release and indemnify** the Recreational Activity Provider as follows:

1. I participate in the activity at my own risk and responsibility.
2. I release, indemnify and hold harmless the Recreational Activity Provider, its servants and agents from and against all actions or claims that might otherwise be made by me or on my behalf by other parties in respect of or occurring from any injury, loss, damage or death caused to me. Or any injury, loss, or damage caused to my property whether by negligence, breach of contract or in any way whatsoever or any liability that results from the breach of an express or implied warranty that the recreational services or activity will be rendered with reasonable care or skill.
3. In the event that I am injured or my property is damaged, I will bring no claim, legal or otherwise, against the Recreational Activity Provider in respect of the injury or damage.

By signing this document I acknowledge that I have read and understood all content and know that it affects my legal rights.

Signature: _____ Date: __/__/____

Witness Name: _____ Signature: _____
