



HEALTH HISTORY FORM, POLICIES AND WAIVER

Welcome to Steamboat Pilates Yoga and Fitness Studio, Inc. In order to better serve your health and fitness needs, we ask that you please take a few minutes to complete this form.

Name _____ Today's Date _____

Mailing Address _____

City _____ State _____ Zip _____

Birth Date _____ Occupation _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Where would you prefer we call to reach you? _____

Would you like to receive our bi-monthly newsletter? (we don't share your info with anyone)

Emergency Contact Name _____ Relationship _____

Phone Number _____

Do you now, or have you had in the past:	Yes	No
History of heart problems, chest pain or stroke	_____	_____
Increased blood pressure/low blood pressure	_____	_____
Diabetes or thyroid condition	_____	_____
Any chronic illness or condition	_____	_____
Difficulty with physical exercise	_____	_____
Advice from physician not to exercise	_____	_____
Any physical restrictions given by a PT or physician	_____	_____
Recent surgery (last 12 months)	_____	_____
Pregnancy (now or last 3 months)	_____	_____
Past C-section births	_____	_____
Muscle, joint, or back disorder	_____	_____
Any previous injury still affecting you	_____	_____
Hernia or any condition aggravated with weight resistance	_____	_____

Please elaborate on any 'yes' answers: _____

Please describe your physical History:

List any injuries, ailments, illnesses and/or any significant medical treatments. Please check all body parts that are involved and where appropriate, please specify Right (R) or Left (L).

_____ Head _____ Arm _____ Lower Back _____ Hip/Pelvis
_____ Neck _____ Ribs _____ Upper Back _____ Ankle/Foot
_____ Shoulders _____ Abdomen _____ Middle Back _____ Knee

Please elaborate on any of the above:

& PLEASE TURN OVER TO COMPLETE & SIGN

Describe your present physical condition. Please include any medications, prescription or otherwise, that you take on a regular basis: _____

Please list all current physical activities and/or sports: _____

What specific fitness or health goals do you hope to achieve through Pilates?

Who is your referring doctor/chiropractor/physical therapist/massage therapist/etc?

How did you find out about Steamboat Pilates?

Friend (who?) _____ Steamboat Today _____
Walked by _____ Yellow Pages _____
Referral Above _____ Other _____

Cancellation Policy

Any and all scheduled appointments or classes must be cancelled by notifying Steamboat Pilates a minimum of 24 hours in advance. This allows us to attempt to fill the space with another client. We understand that there are last-minute emergencies and cancellations may not be avoided; therefore each client gets one free last-minute cancellation. After that, no-show appointments will be charged in full.

I hereby give my consent to **Steamboat Pilates Yoga & Fitness** to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my child/children. Please acknowledge with your initials here: _____

Please acknowledge your understanding of this policy: initials here: _____

Please Note: **Mat, Spin, and Reformer class packages** and **1&5 session packages expire 6 months from purchase date.** Also please remember our 24-hour cancellation policy. Thank you for your understanding.

Waiver of Liability and Informed Consent Release

I have enrolled in one or more fitness programs offered by Steamboat Pilates, Inc. I have been advised and I understand that participating in one or more fitness programs and conditioning activities, like any physical activity; present some unavoidable risk of injury, especially to people with pre-existing injuries, illness, or disability. I understand that the use of exercise equipment also carries with it the risk of injury. I recognize that many changes may occur as a result of these activities, including possible short-term aggravation of some symptoms, feelings of tiredness, light-headedness, muscle soreness, mood changes, etc. I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have and will continue to keep Steamboat Pilates, Inc. fully informed of any physical condition or disability that could affect my participation in an exercise or physical conditioning program. I acknowledge that that, although the conditioning program I participate in may have substantial physical benefits, neither Steamboat Pilates, Inc. nor its employees or contractors are engaged in diagnosing or treating medical diseases or deficiencies. I expressly assume all risks of my participation in one or more fitness/Pilates classes or programs conducted by Steamboat Pilates, inc. and waive any claim which I might otherwise bring against Steamboat Pilates, Inc., it's officers, directors, shareholders, employees, trainees or contractors as a result of injuries resulting from or relating to my participation in one or more fitness programs. Steamboat Pilates, Inc. shall not be responsible or liable for any article lost, stolen or damaged in the studio. I understand that classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

Client Signature

Date

If under 18 years of age signature of parent or guardian

Date