

# Blue Sky Pilates, LLC

## Health History and Release Form

*This information will be treated confidentially.*

Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

What are your primary reasons for choosing Pilates? \_\_\_\_\_

How did you hear about Blue Sky Pilates? \_\_\_\_\_

Please circle any of the following that apply:

Back Pain	Migraines/Headaches	Past injuries/Fractures/Traumas
Numbness	Heart Disease	Pregnancy
Bulging/Herniated Disc	Post Partum	Osteoporosis/Osteopenia (If circled, please provide T-scores)
Neck or Spine Disorder	Diabetes	Spine: _____ Hip: _____
High Blood Pressure	Allergies	Other (explain) _____
Low Blood Pressure	Asthma	_____
Arthritis	Past surgeries	

If you circled any of the above, please explain \_\_\_\_\_

Are you currently receiving health/medical care (physical therapy, massage, other)? \_\_\_\_\_

Please explain \_\_\_\_\_

Are you currently taking any medications that could/would affect your ability to exercise? \_\_\_\_\_

Please explain \_\_\_\_\_

What does your current physical activity or exercise program consist of? \_\_\_\_\_

# Blue Sky Pilates, LLC

## Agreement of release and waiver of liability

I, \_\_\_\_\_ hereby agree to the following:

1. That I am participating in private sessions or classes at Blue Sky Pilates, LLC during which I will receive information and instruction about Pilates and health. I recognize that a Pilates program requires physical exertion, which may be strenuous and may cause physical injury, and I am fully aware of the risks and hazards involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in sessions that I am taking with Blue Sky Pilates, LLC. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in Pilates.
3. In consideration of being permitted to participate in private sessions or classes with Blue Sky Pilates, LLC, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which might incur as a result of participating in the program. I further confirm that I have fully disclosed to Blue Sky Pilates, LLC all my injuries and illnesses past and present. In addition, I agree to report any changes in my physical condition to Blue Sky Pilates, LLC immediately. And, if I feel any discomfort in performing a given exercise, I understand that it is my responsibility to stop and inform my instructor immediately.
4. In further consideration of being permitted to participate in private sessions and classes with Blue Sky Pilates, LLC, I knowingly, voluntarily and expressly waive any claim I may have against the instructor or the owner or leaseholder of the building for injuries or damages that I may sustain as a result of participating in sessions held by Blue Sky Pilates, LLC or Kellie Loomis.
5. I, my heirs, or legal representative of such forever release, waive, discharge and covenant not to sue Blue Sky Pilates, LLC or Kellie Loomis or the owner of the building for any injury or death caused by their negligence or other acts.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of participant:

Date:

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# Blue Sky Pilates, LLC

## Studio Policies

- We accept cash, local checks, Visa, Master Card, American Express, and Discover.
- A credit card is required to reserve your private or group session.
- All packages have individual expiration dates.
- NO REFUNDS.
- Class packages are non-transferable.
- All cancellations must be made 24 hours in advance for rescheduling. Failure to do so will result in a full session charge.
- In the event of inclement weather, Blue Sky Pilates will notify registered clients of any cancellations through Mindbody Online.

Signature of participant:

Date:

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