



PhysioFit Physical Therapy Pilates/TRX/GYROTONIC®/Bodywork Release and Waiver

I, _____, voluntarily desire to participate in an exercise program at PhysioFit Physical Therapy. I understand and agree to the following:

1. I assume full responsibility while voluntarily participating in a training class/session at my sole risk and shall abide by any rules and regulations specified by the owner or instructor regarding use of the Facility.
2. I am aware that there exists the possibility of certain conditions occurring during or following exercise. These might include, but are not limited to: mild light-headedness, fainting, abnormalities of blood pressure or heart rate, ineffective heart function and, in rare instances, heart attack or stroke. The reaction of the cardiovascular system to such activity cannot be predicted with complete accuracy.
3. It is strongly recommended that I receive a medical clearance from my private physician prior to starting an exercise training program. This program is not designed for persons with known heart disease (with or without functional impairment).
4. I have been informed that the program involves possible risks and all exercises shall be undertaken at my sole risk. I understand that neither PhysioFit Physical Therapy nor the employees or agents of PhysioFit shall be liable to me or any other person for any claims, demands, injuries, damages, actions or causes of action, whatsoever, to my person or property arising out of or connected with the services, equipment and exercise classes offered or the Facility where the same is located. I do hereby release and discharge PhysioFit Physical Therapy thereof from all claims, demands, injuries, damages, action or causes of actions and from all acts of active or passive negligence on the part of PhysioFit owners, agents or employees.
5. I understand that if I am unable to attend my scheduled appointment, I will give a 24-hour notice to PhysioFit Physical Therapy. I assume responsibility of payment for any appointment cancelled with less than a 24-hour cancellation or no notification.

Do you have a medical history of any of the following conditions? (Y or N):

- | | | |
|----------------------------------------|-----------------------|-----------------------------------------------|
| Back pain _____ | Dizziness _____ | High blood pressure _____ |
| Neck pain _____ | Sciatica _____ | Post-menopausal _____ |
| Wrist pain _____ | Hernia _____ | Bone density test _____ if yes, results _____ |
| Elbow pain _____ | Glaucoma _____ | Osteoporosis or osteopenia _____ |
| Shoulder pain _____ | Gastric reflux _____ | Vestibular disorder _____ |
| Knee pain _____ | Pinched nerve _____ | C-section or abdominal surgery _____ |
| Ankle pain _____ | Heart condition _____ | Pregnancy/postpartum within past year _____ |
| Bone or joint problem _____ | | Nursing within past year _____ |
| Hamstring or quadricep tightness _____ | | |

Is there any other condition that may preclude you from performing the exercises? Please explain:

Are you on blood thinners or other medications? Please list: _____

I have read the above statements and understand the conditions. I have answered all questions truthfully and to the best of my ability and feel confident that I can start this program.

Participant's signature: _____ **Date:** _____ (over)



Pilates/GYROTONIC® Program

Please check off your interests and goals with your workout:

1) Continue with:

- Private sessions
- Semi-private sessions
- Group sessions

2) Attend mat classes after _____ sessions of basic instruction

3) Independent gym program after _____ sessions

Please check off areas you wish to work on in your Pilates/Gyrotonic/TRX/Bodywork sessions:

- | | | |
|-------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Neck | <input type="checkbox"/> Back | <input type="checkbox"/> Posture |
| <input type="checkbox"/> Shoulders | <input type="checkbox"/> Hips/buttocks | <input type="checkbox"/> All areas |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Legs | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Arms | <input type="checkbox"/> Ankles/feet | |
| <input type="checkbox"/> Abdominals | <input type="checkbox"/> Balance | |

Other goals/comments:

Have you had any experience with Pilates/Gyrotonic mat classes or equipment?

- Yes Mat Class / Equipment Session (please circle)
- No

How did you choose PhysioFit Physical Therapy?

- | | | |
|---------------------------------------|------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Website | <input type="checkbox"/> Doctor _____ |
| <input type="checkbox"/> Past patient | <input type="checkbox"/> Friend/relative _____ | <input type="checkbox"/> Newspaper ad - Town Crier or Palo Alto Daily |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other _____ | |

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ cell home work (circle one) Birthday: _____

Email Address: _____