



INTAKE FORM

*NAME: _____	*PHONE: _____
EMAIL: _____	*ADDRESS: _____
_____	_____

Please list any pertinent health issues/accidents or operations (i.e., low/high blood pressure, arthritis, asthma, diabetes, etc.):

What are your hobbies and activities? What other forms of exercise do you routinely participate in?

What are your goals for participating in a Pilates program?

bodymaxpilates.com

(TURN OVER)



LIABILITY INFORMATION

I, (name) _____ have volunteered to participate in Pilates with BODYMAX Pilates, LLC. The possible benefits of this program include: improving strength, endurance, flexibility, posture, mobility, balance, alignment, and your mind/body connection.

I know that I have the right to choose what exercise I do or do not participate in, in addition to withdrawing from any exercise at any time. Every effort will be made to minimize injury through an initial evaluation and supervision during exercise. To my knowledge, I do not have any limiting physical condition or disability which would preclude such an exercise program. I also understand that a physician's examination is recommended prior to involvement in any new fitness program if there is any question about your ability to participate medically.

I waive any possibility of personal damage which may be blamed on such a program in the future and accept responsibility for requesting this exercise program. I understand that no responsibility is assumed by the owners, directors, employees or licensees of BODYMAX Pilates, LLC.

Signature: _____ Date: _____