

Welcome!
Thank you for filling out the following information

Name: _____ Date _____

How did you hear about us?: _____

Medical History: _____

Do you have any of the following? (please circle)

Heart Disease	Osteoporosis	Cancer	Varicose veins	Glaucoma	
Liver disease	Digestive problems	Arthritis	Stress fractures	Pacemaker	
High blood pressure	Allergies	Asthma	Diabetes	Dizziness	Seizures
Falls	Emphysema	Ulcers	Significant weight loss	Lung disease	
Bowel problems	Bone or joint problems	Knee pain	Neck Pain	Back Pain	

Please describe: _____

Have you been hospitalized for any reason in the last 5 years? Yes No

Please describe: _____

Are you taking any medications, if so which ones?: _____

“General Release of Liability:

In consideration of your accepting me into your Pilates program (the “Program”), I acknowledge that I will participate in the Program at my own risk and I hereby release Fitness Foundation, Inc., and Personal Best Performance, Ltd., and their respective officers, directors, shareholders, employees, agents, representatives, successors and assigns, from any and all loss, cost, damage, expense, and liability whatsoever, that may result from or be occasioned by my participation in the Program, including but not limited to, any personal injury I may sustain in the performance of any movement, or the use of any equipment, or the performance of any exercises, lessons, tests, or procedures.”

This medical history accurately reflects my current condition and I have read and agree to the cancellation policy and release of liability.

Signature

Date