



# NCH Wellness Centers Pilates Consent Form

This form must be completed and signed before beginning Pilates

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

### General and Medical Information: (all information provided is confidential)

Please "Circle" the appropriate answer to the following:

AGE GROUP:                      16-25                      25-35                      35-45                      45-60                      60+

How many times a week do you usually exercise?                      None    1-2    3-4    5-6    7+

How did you hear about this class? \_\_\_\_\_

Please answer Yes or No to the following questions:

- 1. Have you ever taken a Pilates Reformer class before? YES/NO
- 2. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES/NO
- 3. Do you ever feel pain in your chest when you do physical activity? YES/NO
- 4. Have you ever had chest pain when you were not doing physical activity? YES/NO
- 5. Do you lose your balance because of dizziness or do you ever lose consciousness/feel faint? YES/NO
- 6. Are you currently taking any medication that your instructor should be made aware of? If so, what and why? \_\_\_\_\_ YES/NO
- 7. Do you have a joint or back problem, which could be made worse by exercise? YES/NO
- 8. Are you pregnant or have you had a baby in the last 6 months? YES/NO
- 9. Surgeries in the past 12 months? \_\_\_\_\_ YES/NO
- 10. Do you know of any other reason why you should not participate in physical activity? If so, what reason? \_\_\_\_\_ YES/NO

Please check if you currently have or have had the any of the following:

- |   |  |                               |  |
|---|--|-------------------------------|--|
| Lower Back Issues   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Upper Back Issues             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Neck Problems   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Disc Issues                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Scoliosis   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Sciatica                      | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Hip, Knee, Ankle Issues                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | Foot Issues                   | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Shoulder Issues   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Shoulder Dislocations         | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Difference in leg length                                    | <input type="checkbox"/> YES <input type="checkbox"/> NO | Tendon/Ligament/Muscle Strain | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Arthritis   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Osteoporosis                  | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Headaches/Migraines   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Neurological Conditions       | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Numbness/Tingling   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Vertigo/Dizziness             | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| High/Low Blood Pressure                                     | <input type="checkbox"/> YES <input type="checkbox"/> NO | Heart Disorder/Conditions     | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Epilepsy or Seizures  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Continence Concerns           | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Diabetes/Thyroid  | <input type="checkbox"/> YES <input type="checkbox"/> NO | Cancer                        | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Artificial Implants (i.e. joint replacements, metal screws) | <input type="checkbox"/> YES <input type="checkbox"/> NO |                               | <input type="checkbox"/> YES <input type="checkbox"/> NO |

**If you answered "yes" to any of the above Medical Diagnoses, it is STRONGLY RECOMMENDED that you consult your physician before participating in Pilates.**

I hereby confirm that I have read, understood and answered honestly the medical questions above and that I wish to participate in Pilates activities; which include, slow controlled exercises using resistance equipment and stretching. I accept that this form does not give any advice as to my ability or readiness to participate and that if I have any questions regarding my fitness to participate I will consult my doctor. \_\_\_\_\_ (please initial)

**Liability Release:**

I am participating in a Pilates class (private or group) session offered at NCH Wellness Centers during which I will receive information, instruction, and education about Pilates. I recognize that Pilates will require some physical exertion, which may be strenuous and may cause physical injury. I am fully aware of the risks and/or hazards involved. **I am aware that if I choose not to take advice, or to disregard any advice given to me by the Instructor, I do so voluntarily and accept liability for all resulting injuries or damage.** It is my responsibility to immediately inform the Pilates Instructor if I experience any pain or discomfort during the session. \_\_\_\_\_ (please initial)

I understand that it is my responsibility to consult with a physician, chiropractor and/or physiotherapist, prior to and regarding my participation in Pilates classes at NCH Wellness Centers. I certify that I am physically fit and I have no medical condition, which would prevent my participation in the Pilates classes or workshop. \_\_\_\_\_ (please initial)

I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of participating in any Pilates program, including any resulting soreness, pain or discomfort from physical activity. I knowingly, voluntarily and expressly waive any claim that I may have against NCH Wellness Centers/NCH Healthcare System, its officers, directors, and employees, and affiliates for injuries or damages that I may sustain because of my participation. \_\_\_\_\_ (please initial)

**Policies & Etiquette:**

- Pilates Reformer machines are only accessible through group or private class formats. Both options require pre-registration.
- Pilates appointments may be scheduled up to 6 months in advance.
- Every member must complete an introductory class prior to scheduling a group class.
- Pilates group classes are 55 minutes in length, unless stated otherwise on the class schedule.
- Member and non-member pricing is available. To receive member pricing, client's membership must be active at the time of purchase, scheduling and attending.
- A credit card, completed EFT Form and Pilates Consent Form must be on file prior to scheduling an appointment, regardless of payment method. This includes those paying with a Series Sales Package, gift card or gift certificate.
- All Pilates clients must check in at the front desk upon arrival.
- All Pilates appointments require a minimum notification of 24 hours for changes and/or cancellations. The full price of the Pilates session will be charged for changes/cancellations with less than 24-hour notice or failure to show for an appointment.
- Late arrivals of more than 15 minutes will result in forfeiture of the appointment and the full appointment cost will be charged.
- Pilates packages are non-refundable, expire 12 months from the date of purchase and may not be shared.
- If purchasing as a gift, the Pilates must be purchased at the recipient's rate. Pilates packages may not be purchased with a gift card.
- Automatic reminder emails may be requested by the client; however, it is the responsibility of the client to remember their scheduled appointment.
- Rates for NCH Wellness Centers Pilates services are subject to change.

**I HAVE READ THE ABOVE NCH WELLNESS CENTERS PILATES CONSENT FORM AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ABOVE.**

Client Signature \_\_\_\_\_ Date \_\_\_\_\_