



Client Name:

Address:

E-Mail:

Mobile Phone:

Health & Fitness Goals:

Pilates Experience (if any):

Job/Hobbies:

Regular Body Work (Chiropractic, Massage, etc):

Other Exercise Experience or Current Workout?

Surgery in Past 2 years? (if yes please explain)

Medications (please explain)

Do you have a history of (circle any that apply)

Fainting Heart Attack Stroke Spinal Injury Head Injury Seizure
Allergies Headaches/Migraines Neck/Back Pain

Current Medical/Physical Conditions (circle any that apply)

Back Trouble Neck Trouble Shoulder Problems Knee Problems
Joint Problems Asthma Glaucoma Hyper-Hypotension
Diabetes High Anxiety Vertigo Bleeding/Clotting Disorder
Pregnant Breast Feeding Dizziness during exercise Scoliosis

Current Conditions (circle all that apply)

For Reformer Group Classes you must not have any of the following:

Osteoporosis Pain when kneeling Slipped or Bulging Disk

Doctor/PT Recommended restriction on spinal movement (such as no flexion, extension, rotation)

How did you hear about us?

Please Sign Waiver on Back

Zenergy Pilates, LLC

Waiver and Release of Liability

I acknowledge that Zenergy Pilates, LLC its owners, officers, landlords, employees, independent contractors, or agents, (collectively referred to as Zenergy Pilates) are not responsible for any injury or loss of property that may occur while I am participating in activities or while on any of the property known as the office, restaurant, and/or retail development known as "The Trails at 620" located at 8300 N FM 620, Suite N-700, Austin, TX 78726, Travis County, TX.

I understand that **it is my responsibility to consult with a physician** prior to and regarding my participation in activities at Zenergy Pilates. I represent and warrant that I am physically fit and have no medical condition that would prevent my full participation in the activities.

These activities involve certain risks, including but not limited to, death, serious neck and spinal injuries, heart attacks, and injury to bones, joint and muscles. In consideration of being permitted to participate in activities at Zenergy Pilates, I agree to assume full responsibility for any risks, injuries or damages, known or unknown, which I might incur as a result of my participation regardless of whether any such risks are communicated to me by Zenergy Pilates.

I release Zenergy Pilates and covenant not to sue Zenergy Pilates from any and all present and future claims resulting from any act or omission, including ordinary and/or gross negligence on the part of Zenergy Pilates. I voluntarily waive any and all present and future claims that I may have or that could be asserted by my family, heirs, and assigns.

I further agree to indemnify and hold harmless Zenergy Pilates for any and all claims arising as a result of my engaging in exercise activities or any incidental activities of whatever kind and occurrence. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Texas and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect.

I further agree that the venue for any legal proceedings shall be in Travis County, Texas. I affirm that I am of legal age and am freely signing this agreement. I have read this agreement and fully understand that by signing it I am giving up legal rights and/or remedies which may be available to me. I knowingly and voluntarily agree to the terms and conditions stated above.

I understand that the training provided by Zenergy Pilates may include touch techniques. If I prefer to not be touched, I will notify my trainer before every session.

Signature: _____ Date: _____

Printed Name: _____