

## OakTree Pilates Registration Form

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
City/State/Zip: _____	Mobile Phone: _____
<b>Date of Birth:</b> _____	
<b>Email:</b> _____	
<i>Email contact will allow you to receive appointment confirmations and studio information via the internet.</i>	
<b>Occupation:</b> _____	
<b>Emergency Contact:</b> _____	<b>Contact Phone:</b> _____
<b>How did you hear about the studio?</b> _____	

### Health Questionnaire

*All client information is kept strictly confidential*

Do you have any current injuries?    No                      Yes \_\_\_\_\_

Are you under medical care?            No                      Yes \_\_\_\_\_

Have you been cleared by your Doctor to participate in an exercise/program? ( ) Yes ( ) No  
How many times a week do you exercise? \_\_\_\_\_

Do you have a history of any of the following:

Diabetes	No	Yes
Heart Disease/Dysfunction	No	Yes
High Blood Pressure	No	Yes
Knee injury	No	Yes _____
Shoulder injury	No	Yes _____
Wrist injury	No	Yes _____
Back injury	No	Yes _____
Bone fractures	No	Yes _____
Hip Replacement	No	Yes
Osteoporosis or Osteopenia	No	Yes
Arthritis	No	Yes
Is there a chance you may be pregnant?	No	Yes
Major Surgeries	_____	

Any Chronic Condition \_\_\_\_\_

**OakTree Pilates Studio**  
**Informed Consent Form – Group Fitness**  
**\*\*\*Please read carefully\*\*\***

**Attendant Risk and Discomforts**

There are inherent risks associated with Pilates training, strength training and other forms of vigorous physical activity. Participation in fitness programs at OakTree Pilates may result in acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, light headedness, dizziness, delayed onset muscle soreness, more chronic conditions such as tendonitis, and other discomforts. **Participants can stop at any point during exercise if they are experiencing discomfort or cannot continue.** It is OakTree’s policy to call 911 immediately if a participant is observed to be in distress.

**Responsibilities of the Participant**

To promote the safety and benefit of your participation in any exercise program, it is important that you fully disclose your health history, any medications you are taking, and any symptoms you may be experiencing during exercise. It is important to notify your physician that you are participating in an exercise program, particularly if you are under ongoing care for a health condition. It is also important to adhere to the recommendations of the instructor with regard to the choice and intensity of the exercises you perform. You should not exceed the recommended intensity and you should not exercise when you are sick or otherwise not feeling well.

**Benefits to be Expected**

Regular exercise typically results in numerous physical benefits, improved cardiovascular fitness, muscular strength and endurance, healthier posture, increased flexibility, reduction in the incidence of many diseases, and an enhanced sense of well-being.

**Inquiries**

Please do not hesitate to inquire about any aspect of the class. The best way to reach me with an inquiry is before or after class, or via e-mail at [blvachon@comcast.net](mailto:blvachon@comcast.net).

**Use of Health Questionnaire**

Any personal health information gathered by OakTree Pilates will be kept confidential.

**Acknowledgement**

I have read this informed consent form and understand the inherent risks and benefits of participating in any exercise program, or in any vigorous physical activity.

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**OakTree Pilates**  
**Release of Liability Waiver**  
**\*\*\*Please read carefully\*\*\***

**Agreement to participate:** I fully understand and acknowledge that recreational and fitness activities have (a) inherent risks, dangers, and hazards and such exists in my participation in such activities; (b) my participation in fitness programs at OakTree Pilates involves risk or injury, including, but not limited to, muscle strains, sprains, tears, pulls or other bodily injury. I also realize that there are many other risks of injury, including serious disabling injuries, heart attack, stroke and even risk of death, and that it is not possible to specifically list each and every injury which may arise; (c) these risks and dangers may be caused by the negligence of the representatives, the negligence of participants, the negligence of others, accidents, or other causes; (d) knowing the risks, and reasonably anticipating that injuries and even death are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risks of injury and even risk of death, which could occur by reason of my participation in Mat Pilates. I agree to unconditionally waive and release OakTree Pilates, Action Fitness LLC, their trustees, families and all of their agents and employees from all claims and liability for any injuries I may sustain, regardless of negligence.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE TO PARTICIPATE IN MAT PILATES AT MY OWN RISK. I FULLY UNDERSTAND THAT BY SIGNING I AM FOREVER GIVING UP, IN ADVANCE, ANY RIGHT TO SUE OR MAKE CLAIMS AGAINST THE PARTIES I AM RELEASING.

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Print Name

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Signature of Participant

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Date