



Health & Release Form

All information is strictly confidential.

Name:		Surname:	
e-mail:			
Tel: home	work	mobile	
Address:			
Postcode:			
Have you done Pilates before? Yes/No			
If yes, what level and for how long?			
What is your main reason for wanting to do Pilates?			
Do any of these health conditions apply to you?		If yes, please give details:	
High blood pressure	Yes/No		
Low blood pressure/fainting	Yes/No		
Arthritis	Yes/No		
Diabetes	Yes/No		
Epilepsy	Yes/No		
Heart problems	Yes/No		
Asthma	Yes/No		
Depression	Yes/No		
Detached retina/other eye problems	Yes/No		
Recent fractures/sprains	Yes/No		
Recent operations	Yes/No		
Back problems	Yes/No		
Knee problems	Yes/No		
Neck problems	Yes/No		
Recent pregnancies	Yes/No		
Are you pregnant?	Yes/No		
Do you have any other conditions which affect your mobility or are likely to cause you concern when doing Pilates?			Yes/No

If Yes, give details:
How did you first hear about this class?

RELEASE:

In signing this form I acknowledge that I have understood the nature of the Pilates matwork course / class I am about to take part in. I certify that all of the information provided on this application is correct and true. I realise I must take responsibility for my own body, stop exercising if I need to and tell the instructor of anything I experience during the class or between classes that may be exercise related.

In the unlikely event of an accident, or loss or damage to my personal effects, I acknowledge that neither: (i) Soo Pilates, nor (ii) the instructor will be liable for any direct or indirect loss, damage, injury arising from or in connection with the Pilates service being provided to me (except, in respect of either aforementioned party, in instances of death or personal injury caused by that party's own negligence) and I waive all and any claims against Soo Pilates and the instructor.

I also understand that the instructor may offer professional advice relating to my ability to exercise and that she may consider it unprofessional to continue to teach me if I do not wish to follow such advice. All participants must sign.

Signed	Date
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Thank you very much for filling in this form