

Name _____ Your age _____

Address : Street _____

City & Zip _____ E mail _____

Contact PH: Home _____ Work or Cell _____

Emergency contact _____

Number of Children _____ Are you Married? _____

Rate your General health Excellent Good Fair Poor

List any injuries or surgeries _____

List any medication you are taking _____

List any medical care you are currently receiving _____

Do you have or have you previously had any of the following conditions.

Arthritis	Y	N	Heart Attack/ or Disease	Y	N
Back pain	Y	N	High/Low blood pressure	Y	N
Diabetes/Hypoglycemia	Y	N	Numbness/Weakness	Y	N
Cancer	Y	N	Balance problems	Y	N
Dizziness/Fainting	Y	N	Seizure disorder	Y	N
Osteoporosis or Osteopenia	Y	N	Are you pregnant ?	Y	N
Shoulder pain	Y	N			

CANCELLATION AGGREEMENT

Please be aware that there is a 24 hr cancellation policy for all classes& privates. Failure to do so will result in a \$20 cancellation fee being applied. Exceptions are given in occasional circumstances for illness or illness of a family member only.

Signature _____ Date _____

RELEASE AND WAIVER

I, _____ voluntarily desire to participate in physical and / or rehabilitative exercise classes conducted by Wendy Evans, and Instructors contracted by Wendy Evans operating under the studio name Ken Caryl Valley Pilates, located at 14 Mountain Willow Drive, Littleton, CO 80127. I understand and agree with the following:

- I assume full responsibility while voluntarily participating in any training class and or private session at my sole risk, and shall abide by any and all rules and regulations established by Wendy Evans and or Ken Caryl Valley Pilates.
- I am aware that there exists the possibility of certain conditions occurring during or following exercise. These conditions include, but are not limited to, lightheadedness, fainting, abnormal blood pressure and heart rate and in rare instances heart attack and stroke.
- It is strongly recommended that I receive medical clearance from my private physician prior to starting this or any exercise program. This program can be designed for persons with known heart diseases or those with disorders that require medical supervision, however, those persons should have a direct physician's referral.
- I expressly agree that I have been informed that the program involves possible risks and all exercises shall be undertaken at my sole risk and that neither Wendy Evans, nor the agents operating under her employment shall be liable to me or any other person, for any claims, demands, injuries, damages, actions or causes of action whatsoever, to my person or property arising out of or connected to services and or exercises having direct relation to this facility. I do hereby release and discharge Wendy Evans thereof from all claims, demands, injuries, damages, actions, or causes of action and from all acts of active or passive negligence on the party of Wendy Evans.
- In signing below I agree that Wendy Evans is in no way responsible for the safe keeping of my personal belongings while I attend class.
- My signature below indicates that I hereby waive and release Wendy Evans from any and all liability, past, present and future relating to performed massage therapy and body work.
- My signature below indicates that I have read, understand and agree to the above release and waiver.

Signature _____ Date _____