

ALASKA BRAIN AND SPINE PILATES

Waiver of Liability and Informed Consent Release

CANCELLATION POLICY: I understand that if I must cancel a scheduled appointment, I must notify Alaska Brain and Spine at least 24 hours in advance. We understand that last-minute emergencies and cancellations may not be avoided; therefore each client gets one free last-minute cancellation. After that, no show appointments will be charged at half the scheduled session rate at the discretion of management.

I have enrolled in a program of instruction in Pilates of physical conditioning offered by Alaska Brain and Spine. I have been advised and I understand that participation in Pilates exercise and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing injuries, illness or medical disabilities. I understand that the use of exercise equipment also carries with it a risk of injury, I recognize that many changes occur as a result of exercise lessons, including possible short-term aggravation of some symptoms, feeling of tiredness, light-headed, increased energy, muscle soreness, mood changes, etc.

I also understand that a medical evaluation is advisable before commencing any program of physical conditioning or exercise. I have or will continue to keep Alaska Brain and Spine fully informed of any physical condition or disability, which would prevent or limit my participation in an exercise or physical conditioning program. I acknowledge that, although the conditioning program I participate in may have substantial physical benefits, Alaska Brain and Spine Pilates instructors do not diagnose or treat medical conditions.

I expressly assume all risks of my participation in the Pilates program conducted by Alaska Brain and Spine, its officers, shareholders, employees, trainees, and contractors as a result of injuries resulting from or relating to my participation in the Pilates program.

Alaska Brain and Spine shall not be responsible or liable for any articles lost, stolen or damaged, in or about the office.

I understand classes require prior evaluation of my fitness level and that I am responsible for attending the appropriate level class.

Signature (parent/guardian if under 18)

Date

Printed Name

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Client Information Form

Welcome to Alaska Brain and Spine Pilates. It is our mission to empower you to be in control of your own health and well being through Pilates. To better serve your health and fitness needs, we ask that you please take a few minutes to complete this form.

Thank you!

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone _____ Cell Phone _____

Birth Date _____ Occupation _____

Emergency Contact _____ Telephone _____

What specific fitness or health goals do you hope to achieve through Pilates?

List all previous and current physical activities.

Describe current physical condition.

Describe your physical history, including injuries, ailments, illnesses, surgeries, pregnancies, and any significant medical treatments. Check all body parts that are involved. Where appropriate, please specify right or left.

Head _____	Arm/hand _____	Low back _____	Hip/Pelvis _____
Neck _____	Upper back _____	Ribs _____	Knee _____
Shoulder _____	Mid back _____	Abdomen _____	Ankle/foot _____

Description of any of the above:

