

RELEASE AND WAIVER

I, _____ (“**Participant**”) voluntarily desire to participate in physical exercise, training and/or Pilates classes conducted by Sherrie Giusto (“**Instructor**”) and understand and agree to the following:

1. I assume full responsibility while voluntarily participating in the training classes at my sole risk.

2. I have consulted a physician, and am in good physical condition and have no physical, medical or psychological conditions, disabilities, impairments or ailments, chronic or otherwise, which would preclude, impair or prevent me from engaging in active or passive exercise and and/or activities. I ASSUME FULL RISK OF LOSS AND RESPONSIBILITY FOR DAMAGE TO MY HEALTH INCURRED WHILE TRAINING WITH THE INSTRUCTOR.

3. Instructor shall not be liable for any injuries to or death of Participant, or be subject to any claim, demand, liability, injury or damages whatsoever, including, without limitation, those resulting from acts of active or passive negligence on the part of Instructor. Participant, individually, and on behalf of its respective executors, administrators, successors and assigns, does hereby expressly forever release and discharge Instructor (and Instructor’s contractors, subcontractors, employees, agents representatives and each of their heirs, successors and assigns, as appropriate) from and against any and all claims, demands, liabilities, injuries, damages, actions or causes of action arising from, connected with, resulting from or related to the training/exercise sessions.

I HAVE READ THE ABOVE STATEMENT AND UNDERSTAND THE CONDITIONS.

Participant’s Signature: _____ Date: _____

Witness: _____ Date: _____

SCREENING FORM

PLEASE FILL OUT THIS FORM TO THE BEST OF YOUR ABILITIES AND
SIGN THE STATEMENT AT THE BOTTOM OF THE FORM. IF YOU
HAVE ANY QUESTIONS, PLEASE FEEL FREE TO ASK.

NAME: _____ OCCUPATION: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

PHONE: _____ HOME _____ CELL _____ SEX: _____ MARTIAL STATUS: _____

NUMBER/AGE OF CHILDREN: _____ HOBBIES/RECREATIONAL ACTIVITIES
AND FREQUENCY: _____

PREVIOUS EXPERIENCE WITH PILATES/GYROTONICS: _____

PERSONAL GOALS: _____

GENERAL HEALTH: (CHECK) _____ EXCELLENT _____ GOOD _____ FAIR _____ POOR

MEDICATIONS: _____

PREVIOUS INJURIES: _____

PREVIOUS SURGERIES: _____

ARE YOU CURRENTLY RECEIVING PROFESSIONAL HEALTH CARE SERVICES? (i.e.,
CHIROPRACTIC, MEDICAL, MASSAGE THERAPY, PHYSICAL THERAPY, ETC.) IF SO, PLEASE
EXPLAIN: _____

ARE YOU CURRENTLY OR HAVE YOU PREVIOUSLY BEEN DIAGNOSED WITH ANY OF THE
FOLLOWING:

ARTHRITIS	Y	N	HERNIATED DISC	Y	N
BACK PAIN	Y	N	HIGH BLOOD PRESSURE	Y	N
CANCER	Y	N	HYPOGLYCEMIA	Y	N
CIRCULATORY PAIN	Y	N	NUMBNESS or WEAKNESS	Y	N
DIABETIES	Y	N	PREGNANCY	Y	N
DIZZINESS	Y	N	SEIZURE DISORDER	Y	N
FAINTING DISORDER	Y	N	SHOULDER IMPAIRMENT	Y	N
HEART DISEASE	Y	N	STENOSIS	Y	N
HEART ATTACK	Y	N	OSTEOPOROSIS	Y	N

IS THERE ANYTHING THAT YOU FEEL WE SHOULD KNOW AND HAVE NOT ASKED? IF SO,
PLEASE EXPLAIN: _____

I THE UNDERSIGNED, DO HEREBY CERTIFY THAT I HAVE COMPLETED THE ABOVE
INFORMATION AND KNOW IT TO BE TRUTHFUL AND ACCURATE TO THE BEST OF MY
KNOWLEDGE:

SIGNATURE: _____ DATE: _____