



Health Screen, Training Consent & Liability Waiver

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip code _____

Phone # _____ Email _____

I will use your email to send appointment confirmations and reminders. I do not share contact information with third parties.

Sex/Pronouns _____ Birthdate _____

Emergency Contact/Relationship _____ Phone # _____

Let me get to know you so I can meet your needs & goals!

What is your primary activity level?

- Mostly sedentary
- Lightly active
- Moderately active
- Highly active

General Health (Check): Excellent Good Fair Poor

What are your top 3 goals for movement or sessions?

Are you hoping to: (check all that apply)

- Increase strength
- Improve mobility
- Improve stability
- Improve balance
- Reduce pain
- Improve posture
- Recover from injury or surgery
- Build confidence in movement
- Other _____

Do you have previous experience with Pilates equipment?

Please list any existing medical conditions _____

Medications

Previous Injuries _____

Previous Surgeries w/Date _____

Are You Currently Receiving Professional Health Care Services and why? (Chiropractic, Medical, Massage Therapy, Physical Therapy): _____

Do you give me permission to discuss your sessions with other healthcare provider(s)? YES or NO

Date of last Dexa Scan if 50 or older? _____ Results _____

Are You Currently or Have You Previously Been Diagnosed with any of the Following (please check all that apply):

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Joint instability/Hypermobility	<input type="checkbox"/> Back Pain
<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Respiratory conditions(asthma, COPD, etc.)	<input type="checkbox"/> Joint Replacement
<input type="checkbox"/> Bowel/Bladder issues	<input type="checkbox"/> High or Low Blood Pressure	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Pelvic Floor issues/concerns	<input type="checkbox"/> Osteoarthritis	<input type="checkbox"/> Cancer
<input type="checkbox"/> Circulatory Disease	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Balance/Dizziness issues	<input type="checkbox"/> Fainting Disorder	<input type="checkbox"/> Heart Attack
<input type="checkbox"/> Herniated Disc	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Numbness or Weakness
<input type="checkbox"/> Osteopenia/Osteoporosis	<input type="checkbox"/> Shoulder Impingement	<input type="checkbox"/> Hyperglycemia
<input type="checkbox"/> Thyroid Disorder	<input type="checkbox"/> Pregnancy (currently/recent)	<input type="checkbox"/> Vertigo
<input type="checkbox"/> Cataracts Surgery	<input type="checkbox"/> Stenosis	<input type="checkbox"/> Other _____

Are You Currently Experiencing Any Physical Problems? YES or NO, Please Describe locations, intensity and triggers

Do you have any movement limitations or activities that aggravate symptoms?

Are there any activities you have stopped due to your pain?

Is There Anything Else That You Feel We Should Know About or Have Not Asked? If So, Please Explain: _____

General Policies/Liability Waiver & Etiquette

1. Purpose of This Agreement

This agreement outlines the risks involved in participating in Pilates, movement, MAT and exercise sessions, and confirms that I am choosing to participate voluntarily.

2. Description of Activities

I understand that my sessions may include stretching, strengthening, mobility work, balance exercises, MAT, and the use of Pilates and movement equipment including the Reformer, Tower, Chair, mat, Pedi pole, Core-Align, and props.

I acknowledge that physical activity involves potential risks, which may include but are not limited to:

- Muscle soreness, strains, or sprains
- Aggravation of existing conditions
- Loss of balance or falls
- Equipment-related injury

I understand these risks can occur even with proper instruction.

3. Health Disclosure

I agree to share any relevant health information, including injuries, surgeries, medical conditions, pregnancy, or physical limitations that may affect my participation.

I understand the instructor is not a medical provider and does not diagnose, treat, or prescribe for any condition. I agree to update my instructor if my health status changes.

4. Assumption of Risk

I acknowledge and willingly accept the inherent risks of participating in Pilates, MAT or movement sessions. I agree to work within my own ability, pace, and comfort, and to communicate any pain, discomfort, or concerns.

5. Release of Liability

In consideration of participating in sessions, I hereby release, indemnify, and hold harmless: Jacquelyn Reiff Pilates & Movement, its owners, instructors, employees, and contractors from any and all claims, demands, or causes of action related to injury, illness, or damages arising from my participation, except in cases of gross negligence or intentional misconduct. I understand this release applies to risks inherent in the activity and to ordinary negligence.

6. Voluntary Participation

I understand that participation is entirely voluntary. I may decline or modify any exercise or activity at any time.

7. Equipment Use

I agree to use all equipment safely and as instructed. I will inform my instructor immediately if I feel pain, discomfort, dizziness, or observe equipment concerns.

8. Consent to Hands-On Cueing (Choose one)

- YES, I consent to appropriate, professional hands-on cueing.
- NO, I prefer verbal or visual cueing only.
I may update this preference at any time.

9. Cancellation & Payment Policies

- Sessions canceled with less than 24 hours' notice will be charged in full.
- Late arrivals may receive only the remaining time.
- Packages are non-refundable.

10. Scent-Free Space

To keep our shared space calm and comfortable, we ask that clients come fragrance-free. Please refrain from perfume, strong lotions, essential oils, and other scented products, as some clients are sensitive to fragrance. Your consideration helps everyone breathe easier. Thank you.

11. Acknowledgment and Signature

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

I have read, understood, and agree to the terms of this liability waiver. I understand I may ask questions at any time and may request a copy for my records.

Client Signature: _____ Date: _____

Printed Name: _____

Instructor Signature: _____ Date: _____

Printed Name: _____