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## Questionnaire

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_

\_\_\_\_\_

What are the best time / method to contact you? \_\_\_\_\_

Home: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Cell: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Work: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

What type of work do you do (long hours at a desk/computer, driving, standing, lifting, etc.)?

\_\_\_\_\_  
\_\_\_\_\_

What other activities do you currently engage in (including non-exercise)?

\_\_\_\_\_  
\_\_\_\_\_

What are your primary goals?

\_\_\_\_\_

How did you hear about South Tampa Pilates?

\_\_\_\_\_

**Cancelling a class you've reserved a spot in** - You may cancel a pre-registration as long as it's more than 24 hours from the class start time. You may cancel either by using the MINDBODY Scheduler™ or calling the studio at 813-374-8875. Late cancellation or simply not showing up will forfeit a single class session.



PLEASE INITIAL  
South Tampa Pilates, LLC  
610 South Armenia Ave #102  
Tampa, FL 33609  
(813) 374-8875  
www.SouthTampaPilates.com

## Health Screening Form

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Have you ever been treated by a physician for:**

- |  |   |
|--|---|
| <input type="checkbox"/> heart disease       | <input type="checkbox"/> osteoporosis   |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> orthopedic/joint (shoulder/elbow/spine/hip/knee) problems      |
| <input type="checkbox"/> gastric reflux      | <input type="checkbox"/> arthritis  |
| <input type="checkbox"/> glaucoma            | <input type="checkbox"/> peripheral neuropathy (numbness/tingling/diminished sensation) |

Are you pregnant? Yes  No  Prior deliveries: \_\_\_\_\_

Prior surgeries: \_\_\_\_\_

Prior injuries: \_\_\_\_\_

**Medications:**

\_\_\_\_\_  
*\* Specifically medications that might make you dizzy or light-headed during a workout*

**Activity level/current exercise frequency:**

\_\_\_\_\_  
\_\_\_\_\_

**Prior movement experience? (dance, yoga, gymnastics, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**Do you have any questions or concerns?**

\_\_\_\_\_



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## Waiver and Release of Liability

In consideration of my participation in the South Tampa Pilates, LLC program, related events and activities, including but not limited to the use of the premises occupied by South Tampa Pilates, LLC for any reason the undersigned (“Releasor”) acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist;
2. I knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately.
4. South Tampa Pilates, LLC *shall not be liable* for any injuries or any damage to any member, student, or guest or be subject to *any claim*, demand, injury or damages, whatsoever, including without limitation, those damages from acts of *passive or active negligence* on the part of South Tampa Pilates, LLC, its past and present employees, actual or apparent agents, representatives, successors, officers, directors, officials, stockholders, servants, parent corporations, subsidiaries, divisions, related corporations, principles, affiliates, future affiliates, privies, partnerships, partners, all other persons under their direction and control, and/or any and all other representatives.
5. The waiver and release of liability includes, without limitation, all injuries which may occur as a result of; (a) your use of all amenities and equipment in the studio (b) your participation in group classes, including, but not limited to, Reformer, Xtend Barre, Mat, MVe Chair, TRX Suspension Training and any other group classes which may be added at South Tampa Pilates, LLC’s discretion at any time (c) the sudden and unforeseen malfunctioning of any equipment in the studio; and, (d) our instruction, training, and/or supervision;
6. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby forever expressly release and hold harmless South Tampa Pilates, LLC, its past and present employees, actual or apparent agents, representatives, successors, assigns, trustees, officers, directors, officials, stockholders, servants, parent corporations, subsidiaries, divisions, related corporations, principles, affiliates, future affiliates, privies, partnerships, partners, all other persons under their direction and control, and/or any and all other representatives, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, as well as any other persons, parties, entities, associations and/or any other related corporation(s) (“Releasees”), with respect to all and any claims, demands, injuries, damages, actions or causes of action, including but not limited to personal injuries, disability, death, or loss or damage to person or property to the fullest extent permitted by law.

I HAVE READ THIS WAIVER AND RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

PARTICIPANT’S SIGNATURE

DATE