



Client Information Update

Today's Date: _____

Name: _____

DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Alternate Phone: _____

Email Address: _____

Contact Preference: ☐ Call ☐ Text ☐ Email

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

How did you hear about us? ☐ Family ☐ Friend ☐ Internet ☐ Drive By

Who can we thank for this referral? _____

RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

- Waiver:** In consideration of permission to utilize and/or payment to utilize, today and on all future dates, the property, facilities, and services of Dianne Ambrose DBA Energi Pilates and any of its Independent Contractors, landlords, guests and invitees, I the undersigned, RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Dianne Ambrose DBA Energi Pilates and Nora Bridge from any and all claims arising from the ordinary negligence of Dianne Ambrose DBA Energi Pilates or any of the aforementioned parties. This agreement applies to 1. Personal Injury (including death) from accidents or illnesses arising from the participation in Dianne Ambrose DBA Energi Pilates activities including, but not limited to organized activities, group classes, observation, and individual use of facilities, premises, or equipment; and to 2. Any and all claims resulting from damage to, loss of, or theft of property.
- Indemnification and Hold Harmless:** I agree to HOLD HARMLESS AND INDEMNIFY Dianne Ambrose DBA Energi Pilates from all claims resulting from negligence and to reimburse any expenses incurred by Dianne Ambrose DBA Energi Pilates in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court arbitration determines that Dianne Ambrose DBA Energi Pilates is not responsible for the injury or loss.
SEVERABILITY and VENUE: The undersigned further agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of Florida and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise I agree that if legal action is brought, it must be brought in Lee County, Florida.
- Acknowledgment of Understanding:** I have read this waiver of liability and indemnification agreement and fully understand its terms. I understand that I am giving up substantial right, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law in the state of Florida.

Signature of Client

Date

4. **Assumption of Risks:** Physical activity, by its own nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Energi Pilates provides for activities such as Pilates equipment machines, Reformer, Cadillac, Barrel, Spine Corrector, Pedi-pole, weights, bands and balls, steps, for athletic activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from 1.Minor injuries such as scratches, bruises, sprains, 2.Major injuries such as broken bones, joint or back injuries, concussions, and heart attacks, 3. catastrophic injuries including paralysis and death. 4.Damages arising out of any actual, alleged or threatened infectious, pathogenic, toxic or other harmful properties of any organic pathogen defined as bacteria; mildew, mold or other fungi; other microorganisms; or mycotoxins, spores or other by-products of any of the foregoing including, viruses or other pathogens (whether or not a microorganism), or colony, including, but not limited to the Covid-19 virus.
5. I understand that medical clearance is recommended before beginning any exercise program and that consultation with my physician to gain clearance to begin a fitness program is my responsibility and highly recommended.

Acknowledgement of Understanding: I have read this assumption of risk and fully understand its terms. I acknowledge that I am signing freely and voluntarily and intend my signature to signify a complete assumption of the inherent risks of participating in or observing physical activities at Energi Pilates to the extent allowed by law in the state of Florida.

Signature of Client

Date

Cancellation Policy: I understand that Energi Pilates has a **72- hours for Private/ Duet Trainings** appointments. **Small Group Classes 48-hour advanced notice.** All sessions are to be paid in advance. Classes are non-transferrable, and are refundable for upon doctor's orders.

Lateness: We kindly ask you to call and let us know if you are running late. Appointments cannot be extended and will end on time.

Appointment Confirmation: Appointments are confirmed via email and text. Please update you cell number, and email address to ensure contact.

Signature of Client

Date

11308 Bonita Beach Road Southeast Suite 101 Bonita Springs, FL 34135
239-494-1361 www.energipilates.com email: Dianne@energipilates.com

Wellness Questionnaire

Today's Date: _____

Name: _____

DOB: _____ Age: _____

1. **Y N** Medically diagnosed with hypertension or currently taking medication for high blood pressure?
2. **Y N** Medically Diagnosed with high cholesterol/triglycerides or currently taking medication for blood lipid levels?
3. **Y N** Is your lifestyle sedentary with very little or no physical activity?
4. **Y N** Medically diagnosed with or taking medication for diabetes?

Please specify: _____

5. **Y N** Medically diagnosed with or taking medication for asthma?

Please specify: _____

6. **Y N** Are you over the age of 65 and not accustomed to regular physical activity?
7. **Y N** Do you ever experience dizziness or light-headedness that has resulted in a fall or loss of consciousness?

8. **Y N** Have you had an exercise stress test within the last year?

9. **Y N** Are you currently pregnant or have you given birth within the last 8 weeks?

If pregnant now or in the future I will submit a physician release to exercise: _____ Initial

10. **Y N** Do you have a history of a heart condition? Please check any condition

☐ Abnormal EKG ☐ Heart surgery ☐ Blocked coronary arteries ☐ Heart failure ☐ Congenital heart defect
☐ Pacemaker ☐ Heart Attack ☐ Bypass surgery or angioplasty ☐ Angina ☐ Mitral Valve Prolapsed

☐ Other heart defect: *Please specify:* _____

11. **Y N** Do you have a history of stroke, peripheral vascular disease, claudication or recurrent bilateral ankle swelling?
12. **Y N** Do you ever **frequently** experience heart palpitations, skipped heart beats or "racing out of control" heart rhythms?
13. **Y N** Do you have chronic lung disease or unusual shortness of breath with normal activities? (*Other than asthma*)
14. **Y N** Through your own experience or by a physician's recommendation, are you aware of any reason to have medical supervision present when you exercise or to restrict your exercise activity?

15. Please list all medications that you are taking and why:

1. _____ 2. _____
 3. _____ 4. _____
 5. _____ 6. _____

16. Please list all present and past injuries, sprains, joint replacements, broken bones, surgery:

17. Where do you currently have pain or tightness in your body?

18. **Y N** Have you done Pilates before? If so what kind of mat/equipment and how long ago?

19. What physical activities are you currently doing? _____

How many times per week? _____

20. **Fitness Goals: Please rank your top 3 goals 1-3, 1 being your highest goal**

- | | |
|-------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Improve Balance | <input type="checkbox"/> Reduce Pain |
| <input type="checkbox"/> Improve Flexibility | <input type="checkbox"/> Reduce Stress |
| <input type="checkbox"/> Improve Strength/Muscle Tone | <input type="checkbox"/> Improve Sports Performance |
| <input type="checkbox"/> Improve Posture | <input type="checkbox"/> Injury Prevention/Rehabilitation |
| <input type="checkbox"/> Weight Management | <input type="checkbox"/> Experience new activity |
| <input type="checkbox"/> Increase Energy | <input type="checkbox"/> Other: _____ |

Reviewed By: _____ Date: _____

Notes: _____

Energi Pilates 11308 Bonita Beach Road Suite 101 Bonita Springs, FL 34135

239-494-1361 www.energipilates.com email: Dianne@energipilates.com