LIVING WELL MOVEMENT

Group Class Client - Health History and Waiver Form

Your Name: _____ Your Address: _____

Date of Birth: _____ _____

Your Telephone: _____ Your email: _____

Emergency Contact Name & Phone #: _____

Are you presently under the care of a Doctor or Health Practitioner for any chronic conditions? ☐ Yes ☐ No
Dr. Name (optional)_____

Are you on any form of Medication? ☐Yes ☐No List:_____

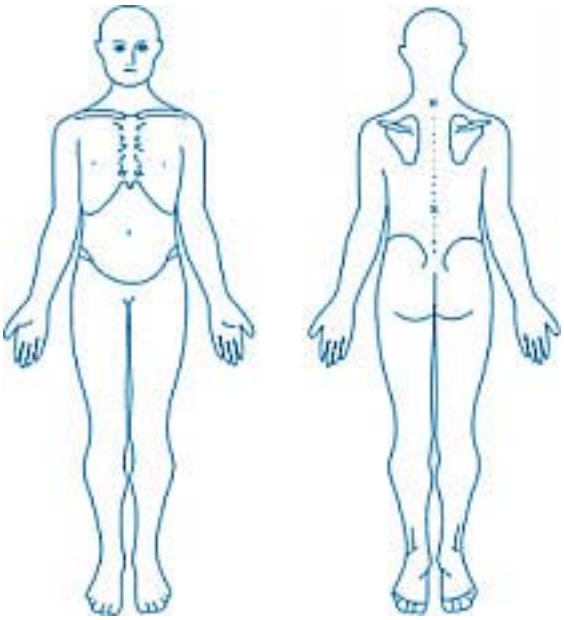
Do you have any restrictions in movement? (Please describe) _____

_____

Describe your usual physical activity _____

Please indicate on the diagram below any areas of your body where you may have some issues, pain, tightness, weakness, or of any general concern.

Front



Back

Is there any reason that you know of why you should not be doing physical activity? ☐Yes ☐No

Have you had any recent health concerns? ☐Yes ☐No

_____

_____

LIVING WELL MOVEMENT

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Please check the boxes that indicate any and all past and/or current health concerns/issues.

☐Angina/Heart Attack
☐Autoimmune disease
☐Allergies/Sinus
☐Aneurysm
☐Arteriosclerosis
☐Arthritis
☐Cancer
☐Chronic pain _____
☐Clicking/Popping ears/jaw
☐Constipation
☐Depression/Anxiety
☐Diabetes
☐Digestive Problems
☐Dislocation
☐Fractures
☐Headaches
☐Heart disease
☐Hemophilia
☐Hepatitis A/B/C
☐High/Low blood pressure
☐Joint problems
☐Kidney/Bladder
☐Liver/Gallbladder
☐Menstrual problems
☐Open wounds/cuts
☐Osteoporosis
☐Phlebitis (DVT)
☐Pregnancy-Due date:
☐Recent surgery
☐Skin disease
☐Stroke/TIA
☐Tooth/Jaw pain
☐Varicose veins
☐Other: List below –

_____

_____

_____

Consent for Pilates or Yoga / Group Class Exercise Waiver

I confirm that the information I have given above is accurate to the best of my knowledge. I understand that the utmost care is taken at all times, and that Living Well Movement Centre and Instructors will not be held liable for any damage or injury that may occur during any Pilates/Yoga/Ball or Group Exercise class. I have read the below privacy policy.

Date: _____

Signature: _____

Guardians Signature (if under 18yrs): _____

Guardians Name (if under 18yrs): _____

Privacy Policy

Any personal information gathered is controlled by Living Well Movement Centre. The information we learn from our clients is essential for us to conduct our business in a safe and professional manner. We follow a strict code of ethics and under no circumstances will we reveal any client information to a third party. Client information is kept in a secure location.

◯ Yes, I would like to be added to your mailing list/newsletter.
◯ I understand that there is a 30-day refund policy.