

NEW CLIENT IN-TAKE FORM

Vital Movement

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Client Name: _____ DOB: _____

Address: _____

Telephone (Home): _____ Mobile: _____

Emergency Contact: _____ Phone: _____

Email: _____

1. Do you have any medical problems, conditions, or specific areas of pain? ☐ Yes ☐ No

Please explain: _____

2. Please list any surgeries: _____

3. Do you have any other condition that would limit your participation? ☐ Yes ☐ No

Please explain: _____

4. Are you pregnant or expecting to become pregnant soon? ☐ Yes ☐ No

5. Do you exercise? ☐ Yes ☐ No

If yes, what do you do? And how often? _____

What sports did you used to do? _____

6. What do you hope to achieve from Pilates?

- | | | |
|--|--|--|
| <input type="checkbox"/> REHABILITATION | <input type="checkbox"/> BALANCE | <input type="checkbox"/> ATHLETIC PERFORMANCE |
| <input type="checkbox"/> IMPROVE POSTURE | <input type="checkbox"/> EASE JOINT PAIN | <input type="checkbox"/> CONNECT SOCIALLY WITH OTHER |
| <input type="checkbox"/> HONE MENTAL FOCUS | <input type="checkbox"/> FLEXIBILITY | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> STRENGTHENING | <input type="checkbox"/> BREATH | |

7. Have you done Pilates before? What was that experience like? Please explain:

8. When was a time in your life when you felt like you were in your best shape?

9. What have been the best + worst places where you've worked out + why?

10. What are your goals? Please list:

11. Please list any additional concerns:

12. How did you hear about Vital Movement?

SIGNATURE

DATE

STUDIO POLICIES

In order to best support our clients + instructors, we have a firm 24-hour cancellation policy for all services. Any cancellations within 24 hours will be charged. We appreciate your understanding.

Initial

Classes are non-transferable. If you cannot attend your scheduled session, no one may come in your place.

Initial

Please try to call the studio if you will be late. There is a 20-minute grace period for all appointments, after which you have missed your session, and will be charged for a late cancel. Lost time due to lateness will not be made up at the end of a session.

Initial

SIGNATURE

DATE

INFORMED CONSENT AND WAIVER & RELEASE OF LIABILITY

I have volunteered to participate in a program of progressive exercise and to retain the services of Vital Movement and its teachers to receive physical training. I assume all risk of injury from my participation. To that end, I acknowledge and agree to all of the following:

1. The exercise program utilizes the Pilates technique of muscle conditioning, strengthening, and stretching. The possible benefits of this program include: improving cardiovascular fitness, muscle strength, flexibility, posture, and body alignment. During this exercise there exists potential for muscle soreness or stiffness, abnormal blood pressure, fainting, irregular heartbeat, and other severe injuries including the possible instance of heart attack and death. I assume all of the foregoing risks and accept personal responsibility for any other damages or other injuries I might suffer.
2. I know I have the right to choose what exercises I do or do not perform and may withdraw from any exercise at any time.
3. I understand that a physical examination and medical approval should be obtained prior to participating in an exercise program.
4. I understand that to assure my continued safety and that of your staff, Vital Movement has implemented new practices and procedures in response to the COVID-19 health crisis. I am aware that the risk of contracting coronavirus can only be reduced and that there remains a risk when any of us venture outside our homes. Vital Movement cannot warrant that I will not become infected as the result of my participation in your programs. I appreciate this ask and have decided that it is outweighed for me by the benefits of my continued participation in your program.
5. I hereby and forever release, discharge, and hold harmless Vital Movement, its teachers, members and employees from and against any and all liability to me, my heirs, and next of kin, for any and all claims, demands, rights of action, causes of action, losses or damages on account of injury including death, caused or alleged to be caused in whole or in part by the negligence of Vital Movement and waive my right to sue any of the foregoing for any injuries I may sustain or losses I may incur whether known or unknown resulting from the activity described above.

6. Vital Movement, its employees, teachers, and members have not made any representation as to the nature and quality of the facilities or equipment to be used, or as to any other matter related to my participation in the foregoing activity.

8. I have read and understand the INFORMED CONSENT and WAIVER & RELEASE OF LIABILITY and it accurately sets forth my intentions and I agree to be bound by its provisions.

PRINT NAME

SIGNATURE

DATE