

PREME PILATES x TRINITY ACUPUNCTURE

Information & Agreement Form

Personal Information:

Name: _____

Address: _____

Preferred Phone: (____) _____

Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: (____) _____

What is your occupation? What do you typically do daily?

Describe your physical activity regimen/exercise level :

What are your goals? What do you want most from this program?

Risk Assessment:

Do you have any injuries, aches or pains (recent and old)?

Please circle any that apply to you:

Pregnant

Heart Disease

Asthma

Shortness of Breath or Chest Pain

High Blood pressure

Significant Bone/Joint/Muscle Pain

Back Pain

Abnormal Resting EKG

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Agreement

I, _____, hereby agree to the following:

That I am participating in "Activity" at Trinity Acupuncture with Regina Park of Preme Pilates, which may include, but is not limited to Pilates. I recognize that any Activity performed may be strenuous and may cause injury, and I am fully aware of the risks and hazards involved in such Activity.

I represent and warrant that I am physically fit and I and have no medical condition that would prevent my full participation in Activity appointments. I understand that it is my responsibility to consult with a physician prior to and regarding my participation during these appointments. If I have any existing medical condition, I have been cleared by my doctor to participate in Activity at Trinity Acupuncture with Regina Park of Preme Pilates and explained the details on the Preme Pilates x Trinity Acupuncture Patient Information Form.

In consideration of being permitted to participate in these classes, I agree to assume full responsibility for any risks, injuries or damage, know or unknown, which I might incur as a result of participation in these activities or as a result of negligence.

In further consideration of being permitted to participate in these classes, I knowingly, voluntarily and expressly waive any "Claims" I may have against Trinity Acupuncture, Preme Pilates or Regina Park for injury or damages that I may sustain as a result of participating in these activities. "Claims" includes but is not limited to any and all liabilities, claims, demands, legal actions, rights of actions for damages, personal injury or death in connection with participation in the Activity.

I, my heirs or legal representatives forever release from liability, waive, discharge and covenant not to sue Trinity Acupuncture, Preme Pilates or any of its affiliates, franchisees and their respective representatives, directors, officers, agents, employees or volunteer staff for any injury or death caused by any negligent act or omission.

I have read the above release form and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

Signature of Participant: _____ Date: _____

Parent/Guardian of Participant Under the age of 18 (at time of registration)

This is to certify that I, as parent/guardian with legal responsibility for the above named participant, do consent and agree to his/her release, as provided above, of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, even if arising from their negligence, to the fullest extent permitted by law.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____