

# Screening & Waiver Form



Please fill out and email back prior to starting your first class

Name

Phone

Mobile

Email

1. Do you have, or have you ever had, an injury , back or joint condition that may be affected by an exercise programme?  Yes  No
2. Are currently experiencing any pain in your body  Yes  No
2. Have you ever had asthma, diabetes, epilepsy or suffer from dizziness?  Yes  No
3. Are you now or have you recently been pregnant.  
(Please advise your instructor if you should become pregnant)  Yes  No
4. Have you recently undergone surgery?  Yes  No
5. Do you know of any reason why you should not participate in an exercise programme  Yes  No

If you answered **Yes** to any of the above questions please supply more details here:

What is your reason to come to Pilates?

Date

How did you hear about Bodywise Pilates?

- I accept responsibility for my own participation in this exercise programme. I have not withheld any information that may affect my ability to perform the exercise in this class. Should my personal circumstances change, e.g. sustain an injury, I will inform my class Instructor. Bodywise will take all reasonable steps to ensure that the exercise prescribed will be appropriate and safe for your needs. Any information that has been obtained to assess your personal fitness will be treated as privileged and confidential.

