



**New Client Application and Liability Waiver**

Date: .....  
 Full Name: .....  
 DOB: .....  
 Address: ..... P/Code: .....  
 Mobile: ..... Landline: .....  
 Email: .....  
 Occupation: .....  
 Emergency Contact: ..... Phone: .....

**Health Declaration**

1. Are you currently taking medication (s) for any medical condition (s)? Yes / No  
 If yes, you are required to complete additional details.

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 .....

2. Have you spent time in hospital (inc. day admission) for any medical condition/surgery/injury? Yes / No  
 If yes, you are required to complete additional details.

.....  
 .....

3. Do you have difficulties with the following activities or do you have ANY muscle, bone, joint pain or soreness that is made worse by movement? Yes / No

	✓ or ✗		✓ or ✗
Running 100 metres		Climbing a ladder	
Walking on rough ground		Sitting for 2 hours	
Kneeling / Crouching		Lifting or Bending	
Standing for 2 hours		Gripping firmly with both hands	
Turning your head rapidly		Reading ordinary print	
Concentrating		Repetitive movements of limbs	

Please provide any Additional Information.

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4. Have you ever received treatment or medical advise for any of the following? Please answer below and provide details in the space provided.

	✓ or ✗		✓ or ✗
Tuberculosis, asthma, bronchitis, asbestosis, pneumonia, silicosis		Coughing up blood or frequent nosebleeds	
Any other respiratory or lung disorders		Have you had any operations?	
High blood pressure &/or bleeding disorder		Have you ever broken any bones?	
Problems with your circulation		Fits, epilepsy, "funny turns," fainting or blackouts	
Any heart problems, disorder or disease		Hernia or operation to repair a hernia	
Back strain or injury or prolapsed disc		Diabetes (insulin dependent/diet controlled/oral medication)	
Neck pain or injury		Arthritis or carpal tunnel syndrome	
Knee or ankle injury or operations to leg bones or joints		Wrist, shoulder or elbow injury or operations to the bones or joints in your arms	

Please provide any Additional Health Information.

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5. Are you Pregnant or have you given birth within the last 12 months? Yes / No  
 If yes, you are required to complete additional details.

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 .....

**MEDICAL DISCLAIMER**

Always contact your physician before beginning any exercise program, including Pilates, especially if you suffer from heart conditions, hypertension or any other serious illness eg: back injury or chronic pain. The general Pilates information/instruction delivered is not intended to diagnose any medical condition or to replace your healthcare professional. Consult with your Healthcare Professional or schedule a Physiotherapist or Exercise Physiology Consultation with your Healthcare Professional to design an appropriate exercise prescription if you experience any pain or difficulty with these exercises. Stop and advise your instructor immediately. If you experience an injury, accident or illness prior to attending class, it is expected that you advise your instructor immediately, or at a minimum upon arrival to class to ascertain approval to start the class.

**Waiver of Liability**

In checking the box below, I confirm that I have advised Core Defined Pilates + Fitness Studio if I have experienced any of the following conditions:

- Any injury, back, neck or joint pain, restricted movement, heart issues, asthma, or high or low blood pressure, arthritis, slipped or bulging vertebral disk, pelvic floor conditions, dizziness, diabetes, epilepsy, hernia, bone degeneration, high cholesterol, allergies or chronic illness.
- I have not at any time suffered a black out, seizure, convulsion, fainting or dizzy spells and am not presently receiving treatment for any illness, disorder or injury which would render it unsafe for the me to take part in Health and Fitness activities, including Pilates. I further warrant that I have provided information on any and all pre-existing medical conditions.

I acknowledge that it is my obligation and mine alone to take responsibility for my health and wellbeing during any type of exercise I undertake with Core Defined Pilates + Fitness Studio.

I acknowledge and agree that the workouts are a recreational sports activity and may involve strenuous physical activity.

I understand that I am not obliged to participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during classes.

I understand that there are inherent risks in all aspects of physical exercise and I acknowledge that I have been informed of the possible strenuous nature of training.

I agree that prior to my participation I will inform Core Defined Pilates + Fitness studio of any known medical conditions or factors that may place me at risk.

I will inform Core Defined Pilates + Fitness studio of any symptoms before, during and after participation in any Core Defined Pilates + Fitness Studio class.

I agree to occupy and use the premises of Core Defined Pilates + Fitness Studio at risk to myself and release to the full extent permitted by law, Core Defined Pilates + Fitness Studio and its agents, servants, contractors, students and employees from all claims and demands of every kind in of our resulting from any accident or damage to property or injury or death to myself while undertaking training in Health and Fitness activities with Core Defined Pilates + Fitness Studio.

I acknowledge that this waiver may be pleaded in response as a bar to any legal proceeding taken by me or on my behalf.

I have read the Terms and Conditions, Privacy Policy and Waiver of Liability and fully understand its contents.

I voluntarily agree to the Terms and Conditions and specifics outline above.

*Please note: terms and conditions of this release form and Waiver of Liability are subject to change without notice.*

I agree to the above waiver\*  Yes  No

All the information given is true and correct and I have provided Core Defined Pilates + Fitness Studio with all the information about my health and wellness that may restrict my ability to perform a class\*  Yes  No

I agree that my body is my responsibility and I will let my instructor know if I experience any pain or discomfort during the class\*  Yes  No

I acknowledge that if the instructor feels that I am unfit to participate in the workout, they will request I discontinue the workout\*  Yes  No

**Declaration of Understanding**

**I, the New Client, am aware that there are significant risks involved in all aspects of physical training and release Core Define Pilates + Fitness Studio and its agents, servants, contractors, students and employees and all parties involved herein from liability.**

Date: .....

Applicants Signature: ..... (OR Guardians Signature)

In the presence of (signature of witness).....

**Guardian’s Consent: (for all persons under 18)**

I hereby certify and decree that all the information contained in the declarations above is true and accurate.

Guardian’s Signature.....Relationship to New Client: .....

Full Name: .....

Address: .....

In the presence of (signature of witness).....