

MANAGED FITNESS, LLC
Client Information, Health Questionnaire, Waiver

GENERAL INFORMATION

Last Name, First Name _____ Age: _____

Street Address Apt. # _____ City _____ State, Zip _____

Home Phone # _____

Cell Phone # _____

E-Mail Address _____

Emergency Contact Name: _____ Phone: _____

Date of Birth: _____

How did you hear about us? Please be specific.

Class Schedule:

Please identify class type, day of week and time slot that you would like to see added to the schedule?

SPORTS/MEDICAL HISTORY

What is your current fitness/activity level; please describe:

What are your fitness goals; be specific:

Are you interested in fitness testing?

Are you affected by any of the following?

- | | |
|--|-------------------------------|
| * Heart problems of any type? Yes No | * High Blood Pressure? Yes No |
| * Arthritis or another bone or joint problem? Yes No | * Diabetes? Yes No |
| * Weakness or injury we should know about? Yes No | * Pregnancy? Yes No |
| * Glaucoma? Yes No | * Other _____ Yes No |

If you answered yes to any question above, please describe: _____

RELEASE & WAIVER OF LIABILITY: I agree to the following:

1. I understand that I am participating in one or more of the following programs or classes: Pilates Reformer & Tower, Bar Sculpt, Pilates Mat, Willpower & Grace offered by Managed Fitness, LLC; I recognize that Pilates Reformer, Bar Sculpt, Mat Pilates and Willpower & Grace require physical exertion that can be strenuous. I am fully aware of the risks involved.
2. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any of the classes or programs listed above. I represent and warrant that I am physically fit and have no medical conditions that would prevent me from participation in any of these classes or programs. I assume full responsibility for any injuries or damages, known or unknown, which I might incur as a result of participating in these classes or programs. I knowingly, voluntarily, and expressly, waive any claim I may have against Managedfitness, LLC and Barbara Rosamilia or any other teacher for injury or damages that I may sustain as a result of participating in these classes or programs.

PRINT: _____

Signature: _____ Date: _____