



CORE PILATES OF CARMEL LLC DBA CORE PILATES & FITNESS
POLICIES

1. In addition to this form, Client will be required to sign and return the following forms to Core Pilates and Fitness prior to receiving a Personal Consultation, Training Program Design, or beginning any Personal Training program:
 - a. Waiver, Release, and Assumption of Risk Form
 - b. Physical Activity Readiness Questionnaire (PAR-Q)
 - c. Health History Questionnaire

2. If you have any of the following physical conditions, you may be required to have a Medical Clearance and Physician's Consent Form:
 - a. Hypertension (>145/95 mm Hg)
 - b. Hyperlipidemia (cholesterol >220 mg/dl or a total cholesterol-to-HDL ratio of >5.0)
 - c. Diabetes
 - d. Family history of heart disease prior to age 60
 - e. Smoking
 - f. Abnormal resting EKG
 - g. Any other condition that Core Pilates and Fitness in its sole discretion may deem to present an unreasonable risk to your health, were you to participate in a fitness evaluation or program.

3. Unless other arrangements are made, Personal Training sessions, and Program Design explanations (these services herein individually and collectively referred to as "sessions") last approximately sixty minutes. In order to provide the best service to all Clients, Core Pilates and Fitness cannot commit to extending any particular session beyond its previously scheduled time.

4. Rates for Core Pilates and Fitness services are subject to change. Services prepaid for by Client, which are unused at the time of any rate change, will be honored at the price already paid.

5. Time slots are available on a "first-come, first-served" basis by appointment. Sessions, whether purchased as part of a package, must be paid for when the 1st appointment or consultation is booked. Client may schedule prepaid sessions in advance.

6. In order to provide the best possible service to all Clients, Core Pilates and Fitness asks that all Clients be ready to begin their session at the scheduled time. Time lost at the beginning of a session due to a Client's tardiness cannot be made up at the end of the session as that could potentially impact the next scheduled Client. Unless prior arrangements have been made, a Client will be deemed a "no-show" when they are fifteen minutes late for an appointment. No refunds or credits will be given for "no-shows".

Client's Initials

7. Regarding cancellations:
 - a. All qualifying cancellations will result in a credit being given which can be applied to a future session from Core Pilates and Fitness.
 - b. All cancellations must be made with a minimum of 24 hours advance notice in order to receive credit for the session. Due to an inability to fill the previously blocked time period, Cancellations with less than 24 hours notice given will not qualify for a credit and Client will be charged for the session. Cancellations must be made by calling **317-908-5016** to be deemed effective.
 - c. If Client receives credit for a missed session, the credit must be used within 60 days of the missed session, or it will be waived.
 - d. If Core Pilates and Fitness needs to cancel a scheduled session, Client will receive credit for such session.
8. Payment is due in full at the time the first appointment for a session is booked. Core Pilates and Fitness accepts cash and checks made payable to Core Pilates & Fitness. All sessions purchased are non-refundable and expire if unused 6 months from the date of purchase.
9. All Training Programs/Routines are the property of Core Pilates and Fitness and may not be removed from the premises, copied or distributed without the expressed written permission of the owner.
10. Clients are required to observe any and all rules of the gym or facility where workouts take place, if applicable.
11. Shirts are required at all times during sessions. Client should also have water available as necessary during the workout.
12. Clients have the right to adjust a particular exercise or workout at any time. You are in control of your workouts! If an exercise is uncomfortable or painful, or if you want to stop the exercise for any reason, you may do so. If a particular exercise is painful for you to do or you have an injury or other limitation that makes it difficult for you to do, Core Pilates and Fitness will substitute another exercise to work that particular muscle group.
13. You will get from your workouts what you put in. Results will vary by individual and frequency of sessions and Core Pilates and Fitness cannot guarantee specific results. Client acknowledges that Client is responsible for their decisions regarding whether or not to exercise consistently, eat properly, rest enough, and live a healthy lifestyle.
14. Core Pilates and Fitness respects your privacy. Due to the nature of our services, it is necessary to collect certain personal information from Clients. All information collected is treated as STRICTLY CONFIDENTIAL, and Core Pilates and Fitness will not share or redistribute your information with any third party except as necessary to provide services purchased by the Client, or as required by law. Any information gathered from a Client is simply for our records and, if applicable, necessary to provide the services to the Client for which we have been contracted.
15. All Terms and Conditions are subject to change. The most current version of these Terms, Conditions, and Policies will be posted at [Core Pilates and Fitness](#).

Client's Signature _____ Date _____

Please print name _____

Parent or legal guardian (if participant is under age eighteen) _____ Date _____

Waiver, Release, and Assumption of Risk Form
For Core Pilates of Carmel LLC dba Core Pilates and Fitness

I, _____, have volunteered to participate in a fitness program provided to me by Core Pilates and Fitness (“Trainer”), which may include, but is not limited to, resistance training and aerobic or cardiovascular exercise. In consideration of Trainer’s agreement to instruct and train me, I do here now and forever release and discharge and hereby hold harmless Trainer and his respective agents, heirs, assigns, contractors, and employees from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected with my participation in this or any exercise program including any injuries resulting there from.

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I, _____, have been informed of, understand and am aware that any exercise program, whether or not requiring the use of exercise equipment, is a potentially hazardous activity. I also have been informed, understand and am aware that any exercise and/or fitness activities involve a risk of injury, as well as abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability or death, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity, or death.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I, _____, have chosen not to obtain a physician’s consent prior to beginning this fitness program with Trainer, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

I ACKNOWLEDGE THAT I HAVE THOROUGHLY READ THIS FORM IN ITS ENTIRETY AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. BY SIGNING THIS DOCUMENT, I AM WAIVING ANY RIGHT I OR MY SUCCESSORS MIGHT HAVE TO BRING A LEGAL ACTION OR ASSERT A CLAIM AGAINST TRAINER FOR YOUR NEGLIGENCE OR THAT OF YOUR EMPLOYEES, AGENTS, OR CONTRACTORS.

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

Participant's signature Date

Please print name

Parent or legal guardian (if participant is under age eighteen) Date

Please print name

Physical Activity Readiness Questionnaire (PAR-Q)

A Questionnaire for People Aged 15 to 69

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active everyday. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the question carefully and answer each one honestly by checking YES or NO.

	YES	NO
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	<input type="checkbox"/>	<input type="checkbox"/>
Do you feel pain in your chest when you do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
In the past month, have you had chest pain when you were not doing physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Do you lose your balance because of dizziness or do you ever lose consciousness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a bone or joint problem that could be made worse by a change in your physical activity?	<input type="checkbox"/>	<input type="checkbox"/>
Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	<input type="checkbox"/>	<input type="checkbox"/>
Do you know of any other reason why you should not do physical activity?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

No to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- **Start becoming much more physically active. Begin slowly and build up gradually. This is the safest and easiest way to go.**
- Take part in a fitness appraisal. This is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Delay becoming much more active:

If you are not feeling well because of a temporary illness such as cold or a fever - wait until you feel better; or if you are or may be pregnant - talk to your doctor before you start becoming more active.

*Please note: If your health changes so that you then answer **YES** to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.*

Informed Use of the PAR-Q.

Core Pilates assumes no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire consult your doctor prior to physical activity. I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Signature _____ Please Print _____ Date _____

Signature of Parent or GUARDIAN _____
(for participants under the age of eighteen)

Health and Medical History

Name _____ Date _____

Date of birth _____

Street address _____

City/State/Zip _____

Phone (home) _____ (work) _____

Email address _____ (cell phone number) _____

Emergency contact:

Name / Relationship _____ Phone _____

Physical activity should not pose any problem or hazard to the majority of people. The following questions are designed to identify the small number of adults for whom physical activity might be inappropriate or those who should seek medical advice prior to initiating a fitness program or other change in their physical activity levels.

Yes No

- | | | |
|-----|-----|---|
| ___ | ___ | 1. Are you over age 55 and/or not accustomed to vigorous exercise? |
| ___ | ___ | 2. Have you ever been diagnosed with Type I or Type II Diabetes? |
| ___ | ___ | 3. Do you have any reason to suspect that you might now pregnant, or have you been pregnant within the last 3 months? |
| ___ | ___ | 4. Have you had any major or minor surgery in the past 3 months? |
| ___ | ___ | 5. Have you been hospitalized in the last 2 years? If so, when and for what reason? |
| | | _____ |
| ___ | ___ | 6. Are you currently, or have you in the past, ever seen a chiropractor or physical therapist for any condition? If yes, when and for what condition? |
| | | _____ |
| ___ | ___ | 7. Do you ever experience unexpected shortness of breath, or labored breathing, with or without pain? If yes, describe under what conditions. |
| | | _____ |
| ___ | ___ | 8. Do you currently, or have you ever, experienced unexplained heart palpitations or been diagnosed with a heart murmur or irregular heartbeat? |

Yes No

___ ___ 9. Have you ever been diagnosed with high blood pressure? If yes, when? _____

___ ___ 10. Do you know what your blood pressure normally is? If yes, please state _____ /

___ ___ 11. Do you currently smoke? If yes, how many cigarettes per day? _____

___ ___ 12. Did you ever smoke? If yes, how long ago did you quit?

___ ___ 13. Is there any history of heart disease (prior to age 55) in your immediate family? If yes,
explain.

___ ___ 14. Do you know your cholesterol levels? If so, please state:

___ ___ 15. Do you receive regular annual physical exams from your primary care physician? Date
of last exam:

___ ___ 16. Do you have any pain, discomfort, or known current or previous injury to any of the
following areas:

___ ___ Right or left knee (circle as appropriate)

___ ___ Right or left shoulder (circle as appropriate)

___ ___ Right or left elbow (circle as appropriate)

___ ___ Right or left elbow (circle as appropriate)

___ ___ Right or left wrist (circle as appropriate)

___ ___ Right or left ankle (circle as appropriate)

___ ___ Right or left hip (circle as appropriate)

____ Back or neck (circle as appropriate)

If you checked "Yes" to any of the above, please explain the nature of your pain and/or injury. Do certain activities or conditions aggravate the pain and/or injury?

Are there any other health/medical/injury conditions that your trainer should be aware of?

Please list any prescription medications or over-the-counter medications or supplements you currently take:

I, _____, certify that I understand the foregoing questions and my answers are true and complete. I also understand that if this information changes in any way in the future, it is my responsibility to notify my personal trainer, and that I assume the risk for any changes in my medical condition that might affect my ability to exercise.

Before beginning a new fitness program or other significant change in your physical activity levels, you are advised to consult with your physician or primary health care provider. Only a physician or qualified health care provider is able to diagnose and prescribe treatment for specific health conditions.

I acknowledge that I have read the foregoing statements and fully understand the content thereof, and that if I choose not to consult with my physician or primary health care provider, I do so at my own risk.

Signature Date

Please print name

Parent or legal guardian (if participant is under age eighteen) Date

Physician's Consent to Participate in a Fitness Program

To: Core Pilates and Fitness LLC
301 East Carmel Drive
Suite F-400
Carmel, IN 46032

To Whom It May Concern,

My patient, _____, has advised me that he or she intends to participate in a fitness program, which will include, but not be limited to, resistance training as well as cardiovascular training. The sessions will last approximately 1 hour and will begin at a very moderate, submaximal level.

Please be advised that my patient should be subject to the following restrictions in this fitness program:

Under no circumstances should my patient do the following:

I have discussed the foregoing restrictions and limitations with my patient and, with these specific restrictions, he or she has my consent to participate in a fitness program under your guidance.

Sincerely,

(Please sign name here) Date:

(Please print name here)