GET FIT WITH MARY WATSON LLC
Pilates
Postural & Movement Analysis
Wellness

CLIENT PROFILE AND WAIVER

Name: _____
Address: _____
Phone Number: Home - _____ Cell - _____
Age: _____ Email: _____
Emergency Contact: Name: _____ Phone: _____

Medical and Physical History

Please check if you have been diagnosed with any of the following:

- □ Coronary Artery Disease
- □ High Blood Pressure
- □ Heart Attack
- □ Congestive Heart Failure
- □ Arrhythmia
- □ Peripheral Artery Disease
- □ Stroke
- □ Congenital Heart Disease
- □ Scoliosis
- □ Degenerative disc disease
- □ Herniated disc
- □ Bulging disc
- □ Rotator cuff injury
- □ Bursitis
- □ Tendonitis
- □ Stenosis
- □ Spondylitis
- □ Spondylolisthesis
- □ Back pain
- □ Osteopenia
- □ Osteoporosis
- □ Rheumatoid arthritis
- □ Psoriatic arthritis
- □ Fibromyalgia
- □ Gout
- □ Lupus

Have you had any previous fractures or injuries that required surgery? □Yes ☐No
If yes, please explain: _____
_____

What prescribed medications do you currently take?
_____
_____

Do you have any other medical conditions or concerns not previously mentioned? □Yes ☐No
If yes, please explain: _____
_____

Waiver and Release of Liability

I certify that I am capable of performing physical exercise and acknowledge that I am voluntarily participating in exercises at Get Fit with Mary Watson, LLC.

I understand that I will be fully responsible for complying with any restrictions prescribed for me by my personal physician and that I agree to consult with my personal physician for further evaluation and such medical care as I require. I hereby release Get Fit with Mary Watson, LLC from any liability now or in the future including, but not limited to, heart attacks, strokes, muscle strains, pulls or tears, broken bones, knee/lower back/foot injuries, and any other illness or injury, however caused, occurring during or after my participation in the exercise program.

I FULLY UNDERSTAND THAT ANY MISSED APPOINTMENTS OR APPOINTMENTS CANCELLED LATER THAN 6:00 PM THE DAY PRIOR TO THE SESSION WILL REQUIRE PAYMENT FOR THE MISSED SESSION.

I certify that I have read the above Waiver and Release of Liability of Get Fit with Mary Watson, LLC and have had any questions answered to my satisfaction.

Name (please print): _____

Signature: _____ Date: _____