

GLOW Body Pilates Studio

Pilates Equipment ~ Pilate Mat ~ Yamuna Body Rolling ~ Callanetics Barre ~ Holistic Nutrition ~ Mindset

www.ginasantangelo.com

Exercise Questionnaire and Liability Release Form

A new exercise program is enjoyable and healthy. Increased activity is safe for most people. However, some should discuss their plans with their doctor before they start a new exercise program. Please answer "yes" or "no" to the following questions:

Name: _____

Yes	No	
___	___	Back or knee pain?
___	___	Herniated disk, scoliosis, lordosis, curvature of the spine or fused vertebrae?
___	___	Osteoporosis, Osteopenia?
___	___	Other muscle, bone or joint sprains, strains or issues to this subject?
___	___	Pain or pressure in your neck, chest, shoulders and/or arms?
___	___	Any head injury or headaches?
___	___	Any surgery or other condition that limits movement?
___	___	A chronic condition needing special care (e.g., insulin dependent diabetes)?
___	___	Breathlessness after mild exertion?
___	___	High blood pressure, aortic aneurysm, heart murmur, heart trouble or heart attack?
___	___	Fainting spells, light-headedness or dizziness?
___	___	Do you experience urine leakage with coughing, sneezing or exercise?
___	___	Diagnosed with arthritis, osteo arthritis?
___	___	Diagnosed with auto-immunity?
___	___	Are you overweight or underweight by more than 20 pounds?
___	___	Are you now or have you been pregnant within the last three months?

Is there a condition not stated above that we need to know about?

Please explain if you have answered **YES** to any of the questions above:

Person to Contact in case of emergency

Relationship: _____ Phone Number: _____

Thank you for taking the time to answer the above questions.

The undersigned, hereby agrees to indemnify and hold harmless **Gina Santangelo (GLOW, GLOW BODY PILATES) and/or her in person and online fitness/coaching programs**, against liability, damages, costs, loss of expense (including, without limitation, attorneys' fees) arising out of any bodily injury, at any time sustained by the undersigned.

The undersigned warrants that he or she is at least 18 years of age and agrees that if circumstances arise which would change the answers to any of the undersigned's responses below, it is the sole responsibility of the undersigned to advise **Gina Santangelo, Gina's Lifestyle Of Wellness (GLOW) and/or GLOW Body Centre**, of such condition in writing. In the event of a pregnancy, the undersigned will notify Gina Santangelo immediately so the recommend modifications can be suggested.

I HAVE READ AND UNDERSTAND FULLY ALL OF THE FOREGOING AND DO NOT NEED TO CONSULT FURTHER WITH A PHYSICIAN BEFORE THE COMMENCEMENT OF Gina Santangelo, **Gina's Lifestyle Of Wellness (GLOW), GLOW Body EXERCISE AND COACHING PROGRAMS.**

BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE TERMS OF THIS AGREEMENT AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

Date: _____

Signature: _____

Printed Name: _____

Home Address:

Mobile Number: _____

Email Address: _____