



## WAIVER

### THIS AGREEMENT AFFECTS YOUR LEGAL RIGHTS. PLEASE READ CAREFULLY!

Please consult your physician prior to starting an exercise or fitness program, and prior to using the Facility.

You, the Member, are aware that there are risks associated with participating in Fitness activities and exercise. Your participation is completely voluntary, and you freely accept and fully assume all responsibility for all risks, and all possibilities of personal injury, death, property damage or loss to yourself or any other person as a result of your participation in fitness activities. You and your heirs, next of kin, executors, administrators and assigns agree:

- (a) To waive all claims, known or unknown, that you have or may have in the future against Momentum Pilates, including their owners, officers, directors, agents, employees, volunteers, business operators, independent contractors and site property owners or lessees (the "organization");
- (b) That Momentum Pilates is not liable or responsible for any damage to, loss or theft of your property;
- (c) To release and forever discharge Momentum Pilates from all liability for any personal injury, death, property damage or loss resulting from your participation in fitness activities due to any cause, including but not limited to negligence (failure to use such care as a reasonably prudent and careful person would use under similar circumstances), breach of any duty imposed by law, breach of contract or mistake in error of judgment of Momentum Pilates; and
- (d) To be liable for and to hold harmless and indemnify Momentum Pilates from all actions, proceedings, claims, damages, costs demands, including court costs on a solicitor and own client basis, and liabilities of whatsoever nature or kind arising out of or in any way connected with your participation in fitness activities.

#### Terms and conditions of sessions:

I understand that Momentum Pilates requires twenty-four hours notice for any change or cancellation. I will be billed for any session booked if twenty-four hours notice is not given.

#### How did you hear about Momentum Pilates?

- friend/co-worker   
  internet   
  health professional   
  current member: name \_\_\_\_\_  
 media/print ad (please specify) \_\_\_\_\_   
  other \_\_\_\_\_

Please check box to receive monthly emails about upcoming events and specials. You may unsubscribe at any time.

Name (please print) \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

# Welcome to

breathe.move.live.  
MOMENTUM.PILATES



Name: \_\_\_\_\_

Date: \_\_\_\_\_

Are you or were you active in any sports, exercise programs, physical activity? Please describe.

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Do you have any injuries, aches or pains (recent or old)? Please describe them.

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Are there any other health concerns (e.g. diabetes, high blood pressure, medications...)?

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Are you presently doing other kinds of therapy (e.g. massage, physiotherapy...)?

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Have you had any previous pilates training? If yes, where? When?

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What is your occupation? What does your typical day involve physically (e.g. sitting at a computer, lifting)?

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What are your goals? What do you want most from this program?

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