



Health History Form

Name: _____ Birthday/Age: _____ Date: _____
Email: _____ Phone #: _____
Emergency Contact (Name/Number): _____

Please list any medications and the reason for taking them:

Do you have or have you had in the past:

- | | | |
|---|-----|----|
| 1. History of heart problems, chest pains, or stroke | Yes | No |
| 2. Increased blood pressure | Yes | No |
| 3. Chronic illness or condition | Yes | No |
| 4. Difficulty with physical exercise | Yes | No |
| 5. Recent surgery (last 12 months) | Yes | No |
| 6. Pregnancy (now or within 3 months) | Yes | No |
| 7. History of lung or breathing problems | Yes | No |
| 8. Muscle, joint, or back disorder | Yes | No |
| 9. Diabetes or thyroid condition | Yes | No |
| 10. Cigarettes smoking habit | Yes | No |
| 11. Obesity (over 20% over ideal body weight) | Yes | No |
| 12. Increased blood cholesterol | Yes | No |
| 13. History of heart problems in the immediate family | Yes | No |
| 14. Hernia or other conditions that worsen by lifting | Yes | No |

Liability Waiver

I have enrolled in a program of strenuous physical activity including, but not limited to, aerobic activity, Pilates and yoga training, Thai yoga stretching, and the use of various muscular and flexibility conditioning machinery provided by EmPower Pilates & Yoga LLC. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program.

In consideration for my participation in this exercise program, I, my heirs, and assigns, hereby release Erin Garvin, M.S. and EmPower Pilates & Yoga, LLC, from from any claims, demands, and causes of action arising from my participation in the exercise program.

I fully understand that I may injure myself as a result of my participation in this exercise program and hereby release Erin Garvin, M.S. and EmPower Pilates and Yoga LLC, from any liability now or in the future including, but not limited to, heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however caused, occurring during or after my participation in the exercise program. I agree to indemnify, defend, and hold EmPower Pilates & Yoga, LLC and Erin Garvin harmless for any negligence that arises on the part of the instructor and/or instructor-in-training during the use of the EmPower Pilates & Yoga studio located at 3555 Electric Road, Suite M, Roanoke, VA 24018.

I understand I will be expected to give 24 hours notice in case of cancellation and by the prior Friday at 5:00 PM for any Monday appointments or be charged for a full session.

I hereby affirm that I have read and fully understand the above.

Signature: _____