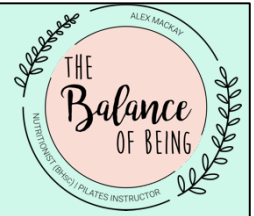


Alex Mackay- Pilates Instructor & Nutritionist (BHSc)

1 68 Fairy Street | Warrnambool | 3280

E: alex.thebalanceofbeing@gmail.com

W: www.thebalanceofbeing.com.au



Please circle: Mr / Mrs / Ms / Miss / Dr

Name: _____ **Date of birth:** ____ / ____ / ____

Email Address: _____ **Phone:** _____

Would you like to be on our mailing list to receive amazing discounts, recipes and blog posts? Y/ N

EMERGENCY CONTACT:

Emergency contact name: _____

Relationship: _____ **Contact Number:** _____

Do you, or have you ever suffered from any of the following that may effect your ability to exercise?

- | | | | |
|--------------------|-------------------------|--------------|---------------------|
| Diabetes | Heart disease | Stroke | Work-related injury |
| Hernia | Abnormal blood pressure | Asthma | Osteoporosis |
| Multiple Sclerosis | Arthritis | Fibromyalgia | Back-injury |

Other illnesses and/or any major surgeries: _____

Do you currently have any injuries? Y/N _____

Are you pregnant? Y/N **If yes, when is your due date?** _____

Please be sure to inform the instructor before commencing each class should any of the above information change.

Have you previously practiced pilates? Y/N

If yes, how long have you been practicing pilates? _____

I acknowledge that I am willing and able to participate in pilates and that I am aware of risks such as potential injury and/or property damage. In consideration for my being allowed to participate in the activities offered, I hereby release The Balance of Being from any and all liability claims, demands, actions or rights of action, which are related to, arise out of, or in any way connected to my participation in this activity.

Signed: _____

Date: ____ / ____ / ____