



WELCOME!

I will help you make Pilates a permanent, positive part of your life. My joy comes from sharing this powerful method to encourage, support and inspire you to go beyond your expectations.

Your initial session includes a discussion about your health and movement history, issues such as past injuries and chronic conditions, and your goals. I'll develop a Pilates plan that reflects your unique needs.

Please bring all four pages to your first session. You can complete pages 2 and 4 at home.

A few reminders

- Wear close-fitting, comfortable workout attire so I can see your alignment and posture. No baggy clothes!
- Pull back long hair.
- Leave any dangling or sharp jewelry at home.
- Everyone works out in socks—the ones with grips are good, but plain-vanilla athletic socks are fine.
- Make sure to be well hydrated to avoid muscle cramping. I provide water.
- Enter the studio space through the gate and take a seat at the patio table. If a session is in progress, I'll be out to greet you shortly.
- Please note that a cancellation made less than 24 hours prior to your session forfeits your fee.
- You can reach me at 626-390-0549 and kellyetterb@gmail.com .



YOUR HEALTH + FITNESS PROFILE

(Fill out at home)

Name _____ Phone _____

Address _____

Email address _____

1. How old are you?
2. What do you do professionally?
3. What is your current exercise regimen?
4. What is your exercise/movement history?
5. Do you have any current/past considerations/injuries that we need to assess?
6. Has a physician ever advised you against exercise? If yes, why?
7. What are your exercise goals?
8. How physically fit do you feel at present?



HEALTH CHECKLIST + WAIVER

(Complete, sign, and return)

Do you have any physical limitations or injuries that could be exacerbated with exercise? YES NO

If yes, please explain: _____

YES NO Have or have had cardiovascular disease (heart problems)

YES NO Have pains or pressure in the left of mid-chest area, neck, left shoulder or arm

YES NO Often feel faint or have spells of dizziness

YES NO Experience extreme breathlessness after mild or medium exercise

YES NO Have high blood pressure

YES NO Have bone/joint problems that would interfere with or be aggravated by exercise

YES NO Have a medical condition not mentioned here that might need special attention

YES NO Taking medication that might cause adverse effects if combined with exercise

WAIVER/INFORMED CONSENT FORM

I, the undersigned, have enrolled in an exercise program (the Pilates Method), including, but not limited to, physical activity of an aerobic (a method of exercising that conditions the cardiovascular system by using movements that create an increased demand for oxygen over an extended time) nature and/or a method of exercising that conditions and strengthens muscles and makes them more flexible. I understand and am aware that fitness activities involve a risk of injury and even death, and I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

In this connection, I acknowledge and represent that I have been advised to consult with my physician in respect to the Pilates Method to ascertain whether I may participate in the Pilates Method and if so, whether any limitations should be placed upon my participation. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without the approval of my physician and do hereby assume all responsibilities for my participation and activities, and utilization of equipment and machinery in my activities.

I hereby release Kelly Etter Certified Pilates Trainer from any responsibility or 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 program. I hereby agree to indemnify Kelly Etter Certified Pilates Trainer and hold her harmless from and against any and all claims, damages, losses and liabilities, (including attorney's fees and expenses of litigation), which they may incur or sustain as a result of my participation in the program.

I understand that a 24-hour cancellation policy applies to all sessions: if I cancel a session with less than 24 hours I will be charged.

I hereby affirm that I have read, fully understand and agree to all of the above.

Signature

Date

EXERCISES SAMPLED

(For Kelly to complete)

Alignment Protocols

- Domes
- Elevator
- Wagon Wheels
- Panini Press
- Shrink Wrap

PrePilates

- Breathing
- Scoop
- Pelvic Clock
- Toe Taps
- Butterfly Knees

Reformer

- Footwork
- Lat Pulls
- Chest Expansion
- Arm Scoops
- Elephant
- Running

Mat

- 100
- Bridge
- Single Leg Stretch
- Single Leg Kick
- Stu Knee Bent Side

Cadillac

- Prone Pthru
- Supine Pthru
- Roll Down Bar
- Leg Springs

Trainer's Summary:

Recommended Plan of Action: