

Free Rein Pilates – Client Intake Form

This form must be completed before attending any class, retreat, or private session. Your information is kept confidential and used only to support your participation and safety.

Personal Details

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Emergency Contact

Name: _____

Phone Number: _____

Relationship to You: _____

Health & Medical Screening

Please tick any that apply:

- ☐ Heart condition
- ☐ High or low blood pressure
- ☐ Breathing difficulties / Asthma
- ☐ Joint or muscle pain
- ☐ Back or spinal issues
- ☐ Diabetes
- ☐ Pregnant (currently or within the last 6 months)
- ☐ Recent surgery (last 12 months)
- ☐ Other medical concerns (please provide details below)

Details of any health conditions, injuries, or medications:

If any boxes are ticked, you may be asked to provide GP clearance before attending sessions.

Informed Consent & Participation

I confirm the information provided is accurate and complete.

I understand that Pilates and retreat activities involve physical movement and may carry risk.

I agree to listen to my body, work within my limits, and inform the instructor of any discomfort or health changes.

I understand that instructors are not medical professionals and do not offer diagnosis or treatment.

Liability Waiver

I take full responsibility for my participation in all sessions and events.

I release Free Rein Pilates and its instructors from any liability for injury, illness, or loss, except in cases of proven negligence.

I agree to keep Free Rein Pilates updated with any changes to my health.

Photography & Media Consent (Optional)

☐ I give permission for Free Rein Pilates to use photos or video of me for promotional purposes

☐ I do **not** give permission for any media use

Data Consent

By signing this form, I consent to Free Rein Pilates storing and processing my information as outlined in the Privacy Policy. Data is handled in line with UK GDPR requirements.

Signature: _____

Date: _____

If under 18:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____