

STUDENT/CLIENT INFORMATION

Name: _____ Date of Birth: ___/___/___ Age: _____
(optional) M D Y

Address: _____
Street

Address: _____
City State Zip

Home Phone: _____

Cell Phone: _____

Email Address: _____

In Case of Emergency

Contact: _____ Relationship: _____

Phone Number: _____

All of your personal information received on this form will be treated as confidential.

Mila Shulkeper

Jin Shin Do Bodymind Acupressure® Registered Practitioner

Certified Personal Trainer – Restorative Exercise™ Specialist

Pasadena, CA

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Physical Activity Readiness Questionnaire (PAR-Q)

Name: _____ Date: _____

Please mark "Yes" or "No" to the following:

Question	Yes	No
Has your doctor ever said that you have a heart condition and that you should only perform physical activity recommended by a doctor?		
Do you feel pain in your chest when you perform physical activity?		
In the past six months, have you had chest pain when you were not performing any physical activity?		
Do you lose your balance because of dizziness or do you ever lose consciousness?		
Do you have a bone or joint problem that could be made worse by a change in your physical activity?		
Is your doctor currently prescribing any medication for your blood pressure or for a heart condition?		
Do you know of any other reason why you should not engage in physical activity?		
Are you pregnant now or have given birth in the past six months?		

If you have answered "Yes" to one or more of the above questions, consult your physician before engaging in physical activity. Tell your physician which questions you answered "Yes" to. After a medical evaluation, seek advice from your physician on what type of activity is suitable for your current condition.

Please provide information on all surgeries (inpatient, outpatient, injury, repair, reconstructive, laparoscopic, pregnancies, deliveries, cesareans, etc.):

Do you take any medications, either prescription or over the counter, on a regular basis?

Please circle: Yes / No

If yes, please list the medications and what for:

How does the medication affect your ability to exercise?

RELEASE AND TERMS OF AGREEMENT

I, _____, wish to participate in the exercise and training program offered by Mila Shulkleper. I understand there are inherent risks in participating in any form of exercise. I assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while participating in any exercise program. I agree that Mila Shulkleper and the Restorative Exercise Inc. shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program (whether at home, at a training facility, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Mila Shulkleper and Restorative Exercise Inc. from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program. This Release shall be binding upon my heirs, executors, administrators, and assigns.

I have read and understand this Release: _____ (initial)

I certify that the answers to the questions in the PAR-Q are true and complete. I acknowledge that medical clearance is required if I have answered "Yes" to any of the questions on the PAR-Q form. I understand and agree that it is my responsibility to inform the instructor of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my exercise sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform the instructor.

I have read and understand this term: _____ (initial)

I understand that the results of any exercise program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

I have read and understand this term: _____ (initial)

I understand that during an exercise session, the instructor may use Touch Training to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with Touch Training, I will immediately request that the instructor discontinue using this technique.

I have read and understand this term: _____ (initial)

I have read this Release and Terms of Agreement and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance

Signature

Date