



Peaceful Way Wellness

Welcome to Peaceful Way Wellness

I look forward to getting started with you. The following pages are part of the registration process that is required prior to your first class. This is to ensure a smooth start and positive experience for us both.

Steps to complete before we begin:

1. Review policies, sign, submit completed forms to Megan and keep a copy for yourself
2. Process your payment
3. Sign and submit informed consent form
4. Complete and submit health history form
5. Physicians clearance form if necessary

If you have any questions, please don't hesitate to contact me.

Peaceful Way Wellness Policies

Rates:

\$60 for six classes. Pre-registration is required. An additional \$5 is required for non-Woodbury residence for Woodbury Park and Recreation program.

Payment:

Woodbury Park and Recreation: Checks are sent to P.O. box 369, Woodbury, CT 06798 or walk-in to 7 Mountain Rd. Woodbury, CT.

Cancellation:

In the event of a class cancellation, you will be notified by e-mail and the class will be held as a make up at the end of the session.

Missed Classes:

No credits will be given for missed pre-registered classes. If space allows, I will try to accommodate you in another class as a make up but this does not guarantee your spot.

Communication:

Below are my methods of communication in order of preference:

Email: megan@peacefulwaywellness.com

Calls/Text: 203-733-6494 (cell)

Please provide your methods of communication in order of preference including email, phone numbers:

Peaceful Way Wellness Policies *(continued)*

Refunds:

7 days prior to the start of program a refund will be granted for 50% of the cost of the program plus a \$15 administration fee.

Other important information:

You are enrolled in the program that you have registered for.

Mats and props are provided if you forget to bring your own. Please bring \$17 to the first class if you intend on purchasing a Pilates 9 inch ball.

If you have pre-registered for class but will not be coming, please notify me. I keep a wait list of students who are interested in trying a complimentary class for the first time.

To maximize our time together and ensure a positive experience:

- Please arrive before your scheduled class time to ensure an on time start
- Please turn your cell phone off prior to our class
- Wear comfortable clothing you can stretch, move, and perspire in

Please visit the website for updates, information, session dates and locations:
www.peacefulwaywellness.com

Personal Safety:

I do all I can to assure your safety. If you have any reason to believe that you may not be in a safe class setting, please raise your concern. If you have an illness or injury or any reason to be concerned about participating, please speak to your doctor and to me. I ask that you do not push yourself beyond your limitations, that you ask for help when you are unsure or if you need to modify an exercise or yoga pose and that you come out of exercises or yoga poses if you are feeling any pain. Please understand that you are responsible for your own body and agree to pay attention to your body and to honor its limitations. This is the best way to prevent pain or injury. I am not responsible for injuries that may occur during or after class.

Peaceful Way Wellness Informed Consent Form

INFORMED CONSENT

I, _____ agree to participate in a Pilates, fitness and/or Yoga program taught by Megan Lutz. I do hereby waive, release, and forever discharge Megan Lutz from any and all responsibilities of liability from injuries or damages resulting from my participation in this program.

I understand and am aware that I may participate in strength training, cardiovascular exercise, flexibility, Pilates and/or Yoga poses. I understand that the use of weight training, cardiovascular, and Pilates equipment, and performing yoga poses is potentially hazardous. I also understand that the above exercises involve a risk of injury, and may cause abnormal blood pressure response, fatigue, dizziness, fainting and even death. I am voluntarily participating in these activities and using equipment with the knowledge of the dangers involved. I hereby agree to assume and accept any and all risks of injury or death.

I hereby further declare myself to be physically sound and suffering from no condition impairment disease, infirmity or other illness that would prevent my participation in physical activity or use of equipment.

It has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to my physical activity and use of equipment so that I might have his/her recommendation concerning my participation in these activities. I have either had a physical examination and have been given my physician's permission to participate, or, that I have decided to participate in physical activity and use equipment and machinery without the approval of my physician and do assume all responsibility for my participation in these activities.

Peaceful Way Wellness Pre-Exercise-Screening Questionnaire

Please answer all the below questions. To protect your privacy regarding confidentiality of medical information, I request that you return this form in person before your first class. If this is not possible, please send via U.S. Mail to Megan Lutz, 8 Upper Commons, Woodbury, CT 06798.

All information is kept strictly confidential.

Today's date: ___/___/___

Name _____ Male / Female
(please print)

Date of Birth ___/___/___ Age: _____

Mailing address: _____

Best daytime number (____)____-_____

Best evening number (____)____-_____

Email address: _____

Emergency Contact _____ Relationship: _____

Emergency Contact Phone (____)____-_____

Doctor's Name _____ Phone (____) ____-_____

Date of last physical ___/___/___

Any additional information you would like to share:

Peaceful Way Wellness
Pre-Exercise Screening Questionnaire

Do you have a history of any of the following health conditions? Please circle:

Heart / Vascular

Please specify:

- angina, chest pain (at rest or exertion) Y / N
- shortness of breath or unusual fatigue Y / N
- ankle edema Y / N
- coronary angioplasty or cardiac surgery Y / N
- heart disease Y / N
- heart attack (if yes, date: _____) Y / N
- irregular heartbeats or palpitations Y / N
- heart murmur/mitral valve prolapsed Y / N
- peripheral vascular disease Y / N
- stroke (if yes, date: _____) Y / N

Metabolic Disease

Please specify:

- kidney disease Y / N
- liver disease Y / N
- diabetes Y / N
- thyroid disorder Y / N
- other metabolic disorders _____ Y / N

Respiratory problems

Please specify:

- asthma Y / N
- emphysema Y / N
- chronic bronchitis Y / N
- other pulmonary disease Y / N

Seizure disorders or convulsions Y / N

Female section:

Are you aged 55 or above? Y / N Are you pregnant? Y / N

Male section:

Are you a male aged 45 or above? Y / N

IF you marked “Y” to one or more of the above . . .

THEN you must have your doctor complete and submit a Physician’s Clearance Form

Peaceful Way Wellness
Pre-Exercise Screening Questionnaire

Coronary risk factors

- Do you have impaired fasting glucose (fasting blood sugar ≥ 110 mg/dL)? Y / N
- Have your parents, siblings or children had a history of heart disease prior to age 55? Y / N
- Are you aware that you have high blood pressure (i.e. 140/90)? Y / N
Recent BP reading: _____/_____
- Do you currently smoke or have you quit within the past 6 months? Y / N
- Are you aware that you have high cholesterol? (i.e. total cholesterol > 200 ml/dl) or are you on lipid lowering medication? Y / N
- Are you sedentary? (i.e. less than 30 min. of moderate activity most days of the week?) Y / N
- Is your waist circumference >39.4" and/or your BMI ≥ 30 Kg/ m²? Y / N
Ht.: _____ in. Wt.: _____ lbs. (self-report) (5 ft = 60 inches)

IF you marked "Y" to two or more of the above . . .

THEN you must have your doctor complete and submit a Physician's Clearance Form

Please check if you have any of the following conditions.
These conditions may require physician's clearance.

- Light-headedness, dizziness or fainting? Please explain:

- Major surgery or hospitalization within the past 6 months. Please explain:

- Musculoskeletal problems (e.g. arthritis, back, knees, etc.) or orthopedic surgeries or situations:

- Prescribed medications, please list those that you are taking:
Drug _____ Reason _____
Drug _____ Reason _____
Drug _____ Reason _____
- Do you have any other medical conditions or physical limitations that may affect participation in an exercise program?

Peaceful Way Wellness

I verify that I have answered all questions truthfully and to the best of my knowledge. If I have a change in my health status during the course of my physical activity program, I will notify my doctor and Megan Lutz immediately and provide information as requested.

Signed: _____

Date: _____

The information obtained during the registration process is designed to optimize safety and foster attainment of personal goals. All information will be kept strictly confidential and will only be available to Megan Lutz unless otherwise authorized in writing by the individual.