



PAR-Q & Client Health Waiver

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE · CONFIDENTIAL

Updated October 2026

Data protection notice (UK GDPR): The personal and health data provided on this form will be stored securely and processed in strict accordance with the UK General Data Protection Regulation (UK GDPR) and Data Protection Act 2018. This information is confidential and used solely to ensure your safety during sessions at Vida Pilates Studio.

At a glance

WHY WE ASK	To keep you safe during your sessions at Vida
CONFIDENTIAL	Stored securely under UK GDPR
ANSWERED YES?	You may need GP or specialist clearance before your first session
KEEP US UPDATED	Tell your instructor about any changes before class

01 Client Personal Details

FULL NAME	
DATE OF BIRTH	DD / MM / YYYY
TELEPHONE NUMBER	
EMAIL ADDRESS	
EMERGENCY CONTACT NAME	
EMERGENCY CONTACT PHONE	
RELATIONSHIP TO EMERGENCY CONTACT	

02 General Health Screening (PAR-Q)

Please answer **yes** or **no** to the following questions:

HEALTH SCREENING QUESTION	YES	NO
1. Has your doctor ever said that you have a heart condition or high blood pressure?	☐	☐
2. Do you feel pain in your chest when you do physical activity or at rest?	☐	☐
3. Do you ever lose your balance due to dizziness or do you ever lose consciousness?	☐	☐
4. Do you have a bone, joint, or spinal condition (e.g., herniated disc, scoliosis, arthritis, osteoporosis) that could be made worse by a change in your physical activity?	☐	☐
5. Are you currently taking any prescription medications (e.g., for blood pressure, heart conditions, diabetes)?	☐	☐
6. Are you currently pregnant , or have you given birth within the past 6 months?	☐	☐
7. Have you undergone any surgery within the last 12 months?	☐	☐
8. Do you know of any other reason why you should not do physical activity or use apparatus (Reformers, Towers, Chairs)?	☐	☐

If you answered yes to any of the questions above:

Please provide specific details below (e.g., condition, affected body parts, trimester, surgical history). You may be required to obtain written medical clearance from your GP or specialist before participating in studio sessions.

03 Pilates Experience & Goals

Have you practised Pilates before?

☐ No (beginner)

☐ Yes (Matwork only)

☐ Yes (Reformer / apparatus)

HOW LONG HAVE YOU PRACTISED?

e.g., 6 months, 2 years

What are your primary fitness or movement goals?

☐ Posture improvement

☐ Core strength

☐ Injury rehabilitation / prevention

☐ Flexibility & mobility

☐ General fitness & stress relief

OTHER DETAILS

04 Declaration, Terms & Client Waiver

- Accuracy of information:** I confirm that I have answered all health questions truthfully, accurately, and to the best of my knowledge. I agree to inform my instructor immediately of any changes to my physical health or medical status before future classes.
- Understanding of risk:** I understand that physical exercise and the use of specialised apparatus (including Reformers, Towers, and Wunda Chairs) involves inherent physical risks, and I choose to take part with this understanding.
- Medical clearance:** I acknowledge that instructors are not medical practitioners. If I answered yes to any PAR-Q questions, I confirm that I have obtained medical advice where necessary, or that I have chosen to take part without it.
- Hands-on corrections:** I understand that Pilates instructors may offer gentle tactile cues and hands-on adjustments to ensure correct alignment and safe technique. I understand I can decline tactile adjustments at any time.
- Cancellation & studio policies:** I acknowledge that I have read and agree to abide by the Studio's booking, cancellation, and code of conduct policies.

Nothing in this form limits or excludes Vida Pilates Studio's liability for death or personal injury caused by its negligence, or any other liability that cannot be limited or excluded by law. Your legal rights as a consumer are not affected.

You can withdraw your consent to us using your health information at any time by emailing admin@vidapilatesstudio.com.

☐ I **consent** to Vida Pilates Studio using my health information to keep me safe during my sessions, as described in the data protection notice above.

05 Signature & Sign-Off

CLIENT NAME (PRINTED)

CLIENT SIGNATURE

DATE

DD / MM / YYYY

Instructor / studio review (internal use only)

FORM REVIEWED BY

ACTION REQUIRED

- ☐ Cleared for all sessions
- ☐ Modifications / specific protocols required (note below)
- ☐ GP / medical clearance required prior to participation

INSTRUCTOR NOTES & MODIFICATIONS

Thank you for helping us look after you. We can't wait to welcome you to Vida.