

Pilates Training Program INFORMED CONSENT AGREEMENT & WAIVER OF LIABILITY & INDEMNIFICATION AGREEMENT

INFORMED CONSENT

Description of the Pilates Exercise Program

I understand that the Pilates exercise program will involve participation in a number of types of fitness activities. These activities will vary depending upon established objectives, but will probably include:

- 1) Pilates activities include but are not limited to Pilates mat classes, Reformer classes, Private Equipment sessions, and specialized training classes;
- 2) Aerobic activities
- 3) Muscular endurance and strength building exercises including, but not limited to, the use of free weights, calisthenics, and other exercise apparatus;
- 4) Other activities selected by my personal trainer and agreed upon by me; and
- 5) Selected physical fitness and body composition tests.

Description of Potential Risks

I understand that no exercise program is without inherent risks and that, regardless of the care taken by my instructor, he (or she) cannot guarantee my personal safety.

For example, when one induces cardiovascular stress through activity, injuries can range from occasional minor injury (e.g., pulled muscles, muscle soreness) to infrequent serious injury (e.g., heart attack, stroke, or other cardiovascular accidents) to the very rare catastrophic incident (e.g., death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities occasionally results in minor injuries (e.g., bruises, musculo-skeletal strains and sprains), infrequently, more serious injuries (e.g., muscle tears, herniated disks, torn rotator cuffs), and very rarely, catastrophic injury (e.g., death, paralysis).

I realize that when participating in any exercises or conditioning activity, there is always a possibility that minor injuries, major injuries, or catastrophic injury/death may occur.

Client Responsibilities

I understand that it is my responsibility to:

- 1) fully disclose any health issues (including diabetes, heart problems, seizures, and asthma);
- 2) inform the trainer if there are activities with which I do not feel comfortable;
- 3) cease exercise and report promptly any unusual feelings (e.g., chest discomfort, nausea, dizziness, breathing, apparent injury) during the exercise program; and
- 4) clear my participation with my physician.

Client Acknowledgements

In agreeing to this exercise program, I, the client:

- 1) Acknowledge that my participation is completely voluntary;
- 2) Understand the potential physical risks involved in the exercise program and believe that the potential benefits outweigh those risks;
- 3) Give consent to certain physical touching that may be necessary to ensure proper technique and body alignment;
- 4) Understand that the achievement of health or fitness goals cannot be guaranteed;
- 5) Ask questions regarding any concerns I might have, and have had those questions answered to my satisfaction.
- 6) Am in good physical condition, have no impairment which might prevent my participation in such activities, and have been advised to consult a physician prior to beginning this program; and
- 7) Will cease exercise immediately if I experience unusual discomfort or pain.

