

**PILATES PERFORMANCE
INFORMED CONSENT AGREEMENT**

NAME: _____ PHONE (H): _____

ADDRESS: _____ (W): _____

_____ (C): _____

POSTAL CODE: _____ DATE OF BIRTH: ____/____/____ (d/m/y)

E-MAIL: _____ (only include if requesting to be on mail list to
receive schedules, special notices, etc.)

Reason for enrolling in this Pilates program: _____

How did you hear about Pilates Performance?: _____

Medical Concerns (please mark "X" as applicable):

Heart problem _____ Lung Problem _____ Migraines _____

High Blood Pressure _____ Hernia _____ Nerve Disorder _____

Low Blood Pressure _____ Diabetes _____ Epilepsy/Seizures _____

Muscle/Joint Disorder _____ Glaucoma _____ Bone Fracture/Break _____

Scoliosis _____ Pregnancy _____ Cigarette Smoking _____

Spinal Problem _____ Arthritis _____ Digestive Disorder _____

Surgery (within last year – please specify): _____

Other: _____

Are you presently taking any medication? Y _____ N _____

Could this medication have any affect on your participation in this program? Y _____ N _____

Is your physician aware of your participation in this program? Y _____ N _____

Emergency Contact: Name: _____ Relation: _____

Contact Phone #(s): _____

PLEASE READ BEFORE SIGNING

I AM PARTICIPATING IN A PILATES EXERCISE PROGRAM. THIS PROGRAM MAY INCLUDE PRIVATE, SEMI-PRIVATE AND/OR GROUP INSTRUCTION. THE CLASSES MAY INCLUDE STRENGTH AND FLEXIBILITY TRAINING, CARDIOVASCULAR CONDITIONING, USE OF STABLE/UNSTABLE EQUIPMENT (ie. exercise ball, foam balance roller, wobble board, weights, theraband), OR USE OF EQUIPMENT EXCLUSIVE TO THE PILATES METHOD (ie. Reformer, Trapeze Table, Wunda Chair).

I HEREBY RELEASE PILATES PERFORMANCE (its employees and owner) FROM ANY CLAIMS, DEMANDS AND CAUSES OF ACTION ARISING FROM ANY OF MY PARTICIPATION IN THE PROGRAM.

I UNDERSTAND THE REGISTRATION FEE IS NON-REFUNDABLE EXCEPT FOR MEDICAL REASONS ONLY, UPON WHICH A PHYSICIAN'S STATEMENT IS REQUIRED. REFUND AMOUNT WILL COVER CLASSES NOT ATTENDED, LESS A \$5.00 PROCESSING CHARGE.

I HEREBY AFFIRM THAT I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION. I AM SIGNING THIS WAIVER WITH THE UNDERSTANDING THAT ALL INFORMATION IS VALID FOR 1 YEAR FROM DATE OF SIGNING.

NOTE I UNDERSTAND THAT I AM ALLOWED TO MAKE UP CLASSES (LIMIT OF 2 PER SESSION) AND THAT THE CLASS(ES) MUST BE MADE UP WITHIN THE CURRENT SESSION, PROVIDED SPACE IS AVAILABLE IN THE ALTERNATE CHOICE OF DAY/TIME.

SIGNATURE: _____ DATE: ____/____/____ (d/m/y)