

PILATES, FITNESS AND THERAPEUTICS

Informed Consent for Participation in a Personal Fitness/Pilates Training Program for Apparently Healthy Adults

Name: _____

1. Purpose and Explanation of procedure

I hereby consent to voluntarily engage in an acceptable plan of personal fitness/Pilates training. I also give consent to be placed in a personal fitness/Pilates training program in which activities are recommended to me for improvement of my general health and well-being as well as favorable alteration of my body composition. These activities may include but are not limited to strength training exercises, cardiovascular type exercises, Pilates exercises and flexibility exercises. The levels of exercise I perform will be based upon my cardiorespiratory and muscular fitness. I will be given exact personal instructions regarding the amount and type of exercises I should perform. Professionally trained personal fitness trainers will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. I understand that I am required to attend every session and to follow staff instructions with regard to exercise, diet, and other health related programs. If I am taking medications, I have already so informed the program staff and further agree to so inform them promptly of any changes, which my doctor or I have made with regard to use of these.

I have been informed that during my participation in the above described personal fitness training/Pilates program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, physical pain, or similar occurrences appear. At that point, I have been advised that it is my obligation to inform the personal fitness/Pilates training program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the personal fitness/Pilates training program personnel of my symptoms, should they develop.

2. Risks

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and very rare instances of heart attack, stroke or even death. I further understand and I have been informed

that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body.

I further understand that there are also other remote risks that may be associated with this personal fitness/Pilates training program. Despite the fact that a complete accounting of all these remote risks have not been provided to me, it is still my desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read it.

I expressly consent to the rendition of all services and procedures as explained herein by all program personnel.

Client's Signature: _____

Date: _____

PILATES FITNESS & THERAPEUTICS, INC.
1044 Castello Drive, Suite 101, Naples, FL 34103
239/398-5050; E-Mail: NaplesPilates@gmail.com