Gemma Pagliei, PMA Certified Pilates Instructor, Certified TriYoga Teacher, Certified Body Rolling Instructor 610-299-3017, gemma@gemmaspilates.com

INFORMED CONSENT & ASSUMPTION OF RISK AGREEMENT WAIVER OF LIABILITY & INDEMNIFICATION AGREEMENT

INFORMED CONSENT & ASSUMPTION OF RISK AGREEMENT

Program Objectives

I understand that my Pilates Method exercise program is individually tailored to meet the goals and objectives agreed upon by my Pilates instructor and me.

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:

- Pilates activities include but are not limited to Pilates Mat work, Reformer, Cadillac, Chair and auxiliary equipment work used for strengthening, stretching and specialized training;
- 2) Aerobic activities
- 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 teacher and agreed upon by me; and
- 5) Selected physical fitness and body composition tests.

Description of Potential Risks

I realize that participation in the Pilates Method exercise program and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing conditions and injuries, back and disk problems, aggravation of diseased joints, muscle/movement patterns, illness or medical disabilities. I recognize that many changes may occur as a result of exercise lessons, including possible short-term aggravation of some symptoms, feeling of tiredness, light-headedness, increased energy, mood changes, etc.

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.

I have been informed that 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 have been informed 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 exercise or conditioning activity, there is always a possibility that minor injuries, major injuries, or catastrophic injury/death may occur. With this knowledge, I assume the risk and hereby release Gemma's Pilates and Movement Training from any liability, now or in the future, including but not limited to heart attacks, muscle strains/pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness, or injury however caused, occurring during or after my participation in the exercise program.

Description of Potential Benefits

I understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I know that some of the benefits can include loss of weight, reduction of body fat, improvement of blood lipids, lowering of blood pressure, improvement of cardiovascular function, reduction in risk of heart disease, improved strength and muscular endurance, improved posture, and improved flexibility.

Client Responsibilities

I understand that it is my responsibility to:

- 1) Complete the written information form honestly and correctly;
- 2) Fully disclose any health issues (including diabetes, heart problems, seizures, and asthma);

INFORMED CONSENT & ASSUMPTION OF RISK AGREEMENT Cont'd

- 3) Inform the instructor if there are any activities with which I do not feel comfortable;
- 4) Cease exercise and report promptly any unusual feelings (e.g., chest discomfort, nausea, dizziness, difficulty breathing, apparent injury) during the exercise program; and
- 5) Clear my participation with my physician.

Client Acknowledgements

In agreeing to this exercise program, I the client:

Signature of Parent/Guardian if under 18 years old

- 1) Acknowledge that my participation is completely voluntary;
- 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) Have had a voice in planning and approving activities selected for my exercise program.
- 6) Have been able to ask questions regarding any concerns I might have, and have had those questions answered to my satisfaction.
- 7) 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
- 8) Will cease exercise immediately if I experience unusual discomfort or pain, and feel the need to stop.

I have read and understand the above informed consent information. I acknowledge that I am signing the informed consent agreement freely and voluntarily. My signature is intended to acknowledge my comprehension of my client responsibilities and acknowledgements and to verify a complete assumption of the inherent risks associated with the Pilates training program offered by Gemma's Pilates and Movement Training.			
Signature	Date	Witness	Date
Signature of Parent/Guardian if und	der 18 years old Date		
WAIVER OF LIABILITY & INDI	EMNIFICATION AGR	EEMENT	
myself, my heirs, personal repres Movement Training, it's owner, offic the ordinary activities of Gemma's I This agreement applies to (1) from participation in Pilates activitie but not limited to organized activities	sentatives, or assigns, cers, employees, volunte Pilates and Movement Topersonal injury (includings directed, suggested, ces, private lessons, class	I do hereby release, waive, ters, and agents, from liability raining or any of the aforement ag death) from accidents or illustrated by Gemma's Pilatestes, instruction, observation, re	nd Movement Training on behalf of discharge, Gemma's Pilates and from any and all claims arising from tioned parties. Inesses arising directly or indirectly s and Movement Training including, elated activities in a non-supervised from the damage to, loss of, or theft
volunteers, agents, and insurance of for any expenses incurred as a	carriers from all claims (v result of my involven	whether initiated by me or by a nent with Gemma's Pilates	ing, it's owner, officers, employees, a third party) and to reimburse them and Movement Training and the participation in any Pilates, fitness
signing the waiver of liability ar	nd indemnification agr	eement freely and voluntar	eement. I acknowledge that I am ily. My signature is intended to Semma's Pilates and Movement
Signature	Date	Witness	Date

Date