

## EXERCISE CONSENT FORM

Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Numbers:

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Partner's cell: \_\_\_\_\_

Other: \_\_\_\_\_

Email: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's contact number/s: \_\_\_\_\_

The participant's signature hereto acknowledges that, whilst every precaution is taken, the Pilates teacher cannot be held responsible for any injuries incurred during or as a result of the Pilates lesson or whilst on the teacher's property and accordingly indemnifies the teacher from any claims that may arise against her therefrom.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specialist consent signature: \_\_\_\_\_

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_