

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: _____