

INFORMED CONSENT AGREEMENT LIABILITY RELEASE

I understand that if I have not participated in an exercise program for some time or have an underlying condition, I should consult my medical practitioner before I begin.

I, _____

(print name clearly)

have enrolled in a program of physical activity offered by KW Pilates that may include cardiovascular conditioning, and possibly the use of various conditioning machinery. The program may also include strength and flexibility training using weight bearing equipment and techniques. I hereby affirm that I am in good physical condition and do not suffer from any disability, physical ailment, or taking any medication that would cause me harm or limit my participation in this exercise program

Should there be any change in my condition or medication, I shall inform the instructor accordingly and prior to class. I will inform the instructor and stop immediately should I feel dizziness, pain or any feeling that may suggest an exercise is causing me a problem.

I fully understand that I may injure myself as a result of my participation in this exercise program, and I hereby release KW Pilates 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/hip/lower back/ foot injuries, and any other illness, soreness or injury, however caused, occurring during or after my participation in the exercise program. Should I become unconscious, I give permission for the instructor to arrange medical treatment for me at Grand River Hospital.

I agree not to attend class while under the influence of recreational drugs or alcohol.

Whom to contact in case of injury: _____

Contact's telephone: _____

Signed _____ Dated _____