

Pilates with Sarah

Informed Consent for Exercise Participation

I desire to engage voluntarily in an exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardio respiratory system and thereby attempt to improve function. The reaction of the cardio respiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and inform the instructor of the symptoms.

In accordance with GDPR guidelines all personal data will be stored securely in a locked cabinet and will be held up to a year after I cease to participate in any Pilates at the Core CIC programmes. The information is gathered fairly, lawfully and in a transparent manner.

In the event that medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

By signing this document, I assume all risk and responsibility for my health and well-being.

I understand that questions and concerns about exercise procedures and recommendations are encouraged, welcomed and kept confidential. I have informed the instructor of any medical conditions and/or concerns that I have and will inform the instructor if my history should change.

Signature.....Date.....

Instructor Signature.....Date.....

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Pre Exercise Questionnaire

Name	
Address	
Date of Birth	
Tel/Mobile	
Email	
Emergency Contact Name	
Emergency Contact Number	
Relationship to Contact	

Health Questionnaire

Please state Yes or No to help me provide you with the highest level of service.

Question	Answer Yes/No
Has your Doctor ever indicated that you have a heart condition?	
Do you suffer from high blood pressure?	
Is your cholesterol high?	
Have you experienced chest pains during physical exertion?	
Do you experience dizziness or fainting?	
Do you have any bone, joint or muscular problems?	If yes, please detail:
Are you Pregnant or have been within the last 6 months?	
Are you diabetic?	Please circle which type TYPE I / TYPE II
Do you suffer from arthritis?	
Are you taking any medication or prescribed drugs?	If yes, please detail:
Do you suffer with Epilepsy?	
Do you suffer from Asthma?	

Please provide any other details you would find relevant prior to undergoing physical exercise on the back to this sheet of paper. If you have answered YES to any of the above, you may be required to contact you GP before undertaking any exercise. I have read and completed this form in its entirety and answered all questions accurately. I understand that I am responsible for monitoring myself throughout exercising and take full responsibility of my own actions.

I will inform my instructor if

any symptoms or changes occur.

SignatureDate.....

(Instructor) SignDate.....