

INFORMED CONSENT FORM

This release, Waiver and Hold Harmless Agreement is made by and between the undersigned participant and Tip to Toe Wellness and entered into on the day, month and year noted below.

1 Tip to Toe Wellness provides instruction of Body Control Pilates in The Pilates Method, using the movement modality created by Joseph Pilates and developed by those he taught. The parties to this agreement recognize that while The Pilates Method is not strenuous, participation in the activity could lead to physical injury to the participant.

2. The participant desires to undertake the Body Control Pilates program offered by Tip to Toe Wellness with the full knowledge of the possibility that physical injuries could result from it and desires to assume the risk of any such injury.

3. The parties recognize that Tip to Toe Wellness will not be able to provide its program to the participant without execution of this agreement.

Therefore, participant, in consideration of the above and of the exercise classes to be provided, hereby waives all claims for damage or loss to person or property which may be caused by any act, or failure to act, of instructors, staff, landlord, and their officers, agents, or employees. Participant assumes the risk of all dangerous conditions in or around the premises and waives any and all specific notice of the existence of such conditions. Participant also assumes the risk of any and all injuries that might result from participating in the Body Control Pilates exercise programs offered by Tip to Toe Wellness.

In consideration of my participation in the, Body Control Pilates exercise program,

I, _____ (print name) for myself, my heirs and assigns, hereby release Tip to Toe Wellness, its employees and owners, from any claims, demands and causes of action arising from my participation in the Body Control Pilates exercise program. I hereby affirm that I have read and fully understand the above, and am over eighteen years of age.

Today's Date

Participant's Signature

Participant's Name (please print)

Street Address

City/Province

Postal Code

Home Tel No.

Work Tel No.

E-mail

FOR MINORS ONLY

The undersigned is a parent or legal guardian of _____ (name of participant herein) and on his/her behalf agrees to all the conditions set forth above

Today's Date

Parent/Guardian Signature

FOR OFFICE USE ONLY

Payment Received _____ GST _____

Location: _____ Class: _____

Session Start Date: _____ End Date: _____

Please note there are no refunds for missed classes. Make ups can only be used at other honoured locations within the same session and provided there is sufficient space in the class. Missed classes cannot be carried forward to other sessions

PARTICIPANT INFORMATION FORM

NOTE: All Information collected on this form is held in the strictest confidence and not shared with any 3rd party without your prior approval and consent.

1. Does your work/sports/daily activities involve any of the following:

- | | |
|---|--|
| <input type="checkbox"/> sitting for long periods of time | <input type="checkbox"/> driving |
| <input type="checkbox"/> bending | <input type="checkbox"/> standing |
| <input type="checkbox"/> lifting heavy weights | <input type="checkbox"/> any repetitive action |

2. Has your doctor ever said that you have any sort of heart trouble or defect? ___ Yes ___ No

3. Have you ever been told that you have arthritic joints or any bone or joint Problem that may be made worse by exercise? ___ Yes ___ No

4. Are you pregnant or have you had a baby in the last 6 months? ___ Yes ___ No

5. Have you had any operations or injuries in the last year? ___ Yes ___ No
Briefly describe:

6. Is there any good reason not yet mentioned that could stop you from performing physical Exercise? ___ Yes ___ No

NOTE: If you have answered “yes” to any of the above, please speak to your instructor in confidence and check with your physician that participation in the this program is approved.

7. Do you suffer from backache? ___ Yes ___ No
If so, do you know why?

8. Is your blood pressure ___ High ___ Low ___ Normal

9. Have you ever been given remedial exercises? ___ Yes ___ No
If yes, briefly describe them:

10. Are there any movements that cause you pain? (e.g. raising your arms, bending forward, etc.)

11. Is there a particular area that you wish to improve?

Pilates exercises are very safe but, as with all forms of physical exercise, it is prudent to consult with your physician before beginning classes. The classes are not a substitute for medical counseling or treatment. If you have any doubts about the suitability of any particular exercise, please refer back to your medical practitioner. The instructor can accept no liability for personal injury related to participation in class.

Signed: _____ **Date:** _____

Thank you. Please return this form to your instructor.

STAFF NOTES: