



Informed Consent

All Information Will Be Kept Confidential.

1. **Explanation of Exercise:** You will perform a number of Pilates movements, along with warm-up, transitional and closing exercises (“exercise(s)”). The intensity of each exercise will be at a level appropriate to your mobility. I may stop the session at any time because of signs of fatigue, or you may stop when you wish because of personal feelings of fatigue or discomfort.
2. **Risks and Discomforts:** There exists the possibility of certain changes occurring during exercise. They include, but are not limited to, abnormal blood pressure, fainting, disorder of heartbeat, and in rare instances heart attack, stroke or death. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercise. If you have any doubts or questions, please ask for further explanations before beginning exercise.
3. **Responsibilities of the Client:** Information you possess about your health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your exercise participation. It is your responsibility to fully disclose such information in the attached questionnaire. Additionally, prompt reporting of feelings of effort, fatigue or discomfort during exercise are of great importance. It is also your responsibility to fully disclose such information during the session.
4. **Minimum Age to Participate:** You must be at least 18 years of age to participate.
5. **Freedom of Consent:** Your participation to perform any of the exercises is completely voluntary. You are free to deny consent or stop at any point if you so desire.

I have read this form and understand the content. I consent to participate.

Client's Signature: _____

Print Name: _____

Date: _____

Instructor's Signature: _____

Print Name: Kathleen Fitzgerald

Date: _____



Physical Activity Readiness Questionnaire **("PARQ")**

This PARQ is designed to help you help yourself. Many benefits are associated with regular exercise, and completion of this PARQ form is a sensible first step to take if you are planning to increase the amount of physical activity in your life.

For most people, physical activity should not pose a problem or hazard.

This PARQ has been designed to identify the small number of people for whom physical activity might be inappropriate or for those who should seek medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering the below questions.

	Yes	No
1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?		
2. Do you feel pain in your chest when you do physical activity?		
3. In the past month, have you had chest pain when you were not doing physical activity?		
4. Do you lose your balance because of dizziness, or do you ever lose consciousness?		
5. Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in physical activity?		
6. Is your doctor currently prescribing medication (for example, water pills) for your blood pressure or heart condition?		
7. Do you know of any reason why you should not do physical activity?		
8. Are you pregnant or think you are pregnant? There are exercise limitations or restrictions for this population.		

If you have answered "Yes" to any of the above questions, then you will need to obtain written consent from your doctor before participating in the Pilates session.

You are advised to postpone entry into the programme if you feel unwell or have a temporary illness.

You must inform your instructor of any changes to your health status during the session.

Client's Signature: _____

Print Name: _____

Date: _____