

**Pilates Informed Consent**

The Pilates program will begin at a low level and will be advanced in stages depending on your ability. It is important for you to realise that you are entitled to stop whenever you wish if you feel tired or are in any discomfort.

I understand that I will be attending Pilates as part of a group or in a one to one session and that the group class will not be specifically designed to my individual needs.

There exists the possibility of certain dangers when practicing Pilates; abnormal blood pressure, fainting, irregular/fast or slow heart rhythm, muscle and joint discomfort.

Whilst every care will be taken to ensure your safety, it is impossible for another person to predict the body's exact response to the Pilates program. Therefore, it is important that you provide the correct information on the PARQ form to minimise any risk. If your health changes, you agree to inform the teacher. It is also important that you practice Pilates intelligently and work within your own limitations.

As student engaging in Pilates you are responsible for ensuring that you are properly equipped and that your state of health and physical condition are such as not to involve any risk to yourself or any other person.

By signing this document, I acknowledge that I have voluntarily chosen to participate in a practice of progressive physical exercise. I understand my own body's challenges and take full responsibility for my own Pilates practice.

It is hereby understood and agreed that Valerie Raphael accepts no responsibility for accident, injury, illness, loss or misadventure caused to or suffered by me.

**Also I just want to inform you that Pilates with Valerie has a cancellation policy. 24 hours cancellation notice is required to give me the opportunity to reallocate your mat to another client. Everyone always have a good excuse to cancel so please be respectful to my work and don't forget to send me a text 24 hours before the class or the full session will be fully charged. Thank you.**

Full Name:.....

Tel number:.....

Signed:.....

Date:.....