**Consent Form**

I hereby voluntarily give consent to engage in a group exercise class. I understand that the exercise class will involve progressive stages of increasing effort and that at any time I may terminate my participation for any reason. I understand that during the class I may be encouraged to work at sub-maximum effort and that at any time I may terminate participation for any reason.

I understand that I am responsible for monitoring my own condition throughout the exercise class, and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

Also, in consideration of being allowed to participate in the exercise class, I agree to assume all risks of such exercise, and hereby release and hold harmless *Pilattes/Traci Davis/Jane of All Trades*, and their agents and employees, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the exercise classes.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Participant Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Physical Activity Readiness Questionnaire** Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_ Age\_\_\_ Home Phone ( )\_\_\_\_\_\_\_\_\_\_

Regular exercise associated with many health benefits, yet any change of activity may increase the risk of injury. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

1) Has a physician ever said you have a heart condition and you should only do physical activity recommended by a physician?

2) When you do physical activity, do you feel pain in your chest?

3) When you were not doing physical activity, have you had chest pain in the past month?

4) Do you ever lose consciousness or do you lose your balance because of dizziness?

5) Do you have a joint or bone problem that may be made worse by a change in your physical activity?

6) Is a physician currently prescribing medications for your blood pressure or heart condition?

7) Are you pregnant?

8) Do you have insulin dependent diabetes?

9) Are you 69 years of age or older?

10) Do you know of any other reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, talk with your doctor by BEFORE you become more physically active. Tell your doctor your intent to exercise and to which questions you answer yes.

If you honestly answered no to all questions you can be reasonably positive that you can safely in- crease your level of physical activity **gradually**.

If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Participant Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parental Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_, agree that my son/daughter, \_\_\_\_\_\_\_\_\_\_\_, is at least 15 years old and has my permission to participate in this group exercise program. I understand the risks associated and assume responsibility for ensuring my child’s physical ability to participate. I am aware that at any point I may remove my child from class participation at my discretion. Finally, I am aware that I am responsible for my child during class whether or not I am present.

Participant Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_