



## Informed Participant Consent Form

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home address \_\_\_\_\_

I have volunteered to participate in this physical conditioning program. This program includes strength, endurance and flexibility work. The possible benefits of this program include: improving strength, endurance, flexibility, body posture and alignment.

I know that I have the right to choose what exercise I do or do not participate in, in addition to withdrawing from any exercise at any time. Every effort will be made to minimize injury through supervision through exercise. To my knowledge, I do not have any limiting physical condition or disability, which would preclude such an exercise program. I also understand that a physician's examination is recommended prior to involvement in any fitness program.

I waive any possibility of personal damage which may be blamed on such a program in the future and accept responsibility for requesting this exercise program. I understand that no responsibility is assumed by the owners, directors, employees, or licensees of enCORE Pilates, LLC.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian if Participant is under age 18 \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_