



# *Gemma's Pilates and Movement Training*

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## **INFORMED CONSENT & ASSUMPTION OF RISK AGREEMENT** **WAIVER OF LIABILITY & INDEMNIFICATION AGREEMENT**

### **INFORMED CONSENT & ASSUMPTION OF RISK AGREEMENT**

#### **Program Objectives**

I understand that my Pilates Method exercise program is individually tailored to meet the goals and objectives agreed upon by my Pilates instructor and me.

#### **Description of the Pilates Exercise Program**

I understand that the Pilates exercise program will involve participation in a number of types of fitness activities. These activities will vary depending upon established objectives, but will probably include:

- 1) Pilates activities include but are not limited to Pilates Mat work, Reformer, Cadillac, Chair and auxiliary equipment work used for strengthening, stretching and specialized training;
- 2) Aerobic activities
- 3) Muscular endurance and strength building exercises including, but not limited to, the use of free weights, calisthenics, and other exercise apparatus;
- 4) Other activities selected by my teacher and agreed upon by me; and
- 5) Selected physical fitness and body composition tests.

#### **Description of Potential Risks**

I realize that participation in the Pilates Method exercise program and conditioning activities, like any physical conditioning activity or exercise program, presents some unavoidable risk of injury, especially to people who have pre-existing conditions and injuries, back and disk problems, aggravation of diseased joints, muscle/movement patterns, illness or medical disabilities. I recognize that many changes may occur as a result of exercise lessons, including possible short-term aggravation of some symptoms, feeling of tiredness, light-headedness, increased energy, mood changes, etc.

I understand that no exercise program is without inherent risks and that, regardless of the care taken by my instructor, he (or she) cannot guarantee my personal safety.

I have been informed that for example, when one induces cardiovascular stress through activity, injuries can range from occasional minor injury (e.g., pulled muscles, muscle soreness) to infrequent serious injury (e.g., heart attack, stroke, or other cardiovascular accidents) to the very rare catastrophic incident (e.g., death, paralysis). Likewise, I have been informed that engaging in muscular endurance, strength building, and other fitness activities occasionally results in minor injuries (e.g., bruises, musculo-skeletal strains and sprains), infrequently, more serious injuries (e.g., muscle tears, herniated disks, torn rotator cuffs), and very rarely, catastrophic injury (e.g. death, paralysis).

I realize that when participating in any exercise or conditioning activity, there is always a possibility that minor injuries, major injuries, or catastrophic injury/death may occur. With this knowledge, I assume the risk and hereby release Gemma's Pilates and Movement Training from any liability, now or in the future, including but not limited to heart attacks, muscle strains/pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illness, soreness, or injury however caused, occurring during or after my participation in the exercise program.

#### **Description of Potential Benefits**

I understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I know that some of the benefits can include loss of weight, reduction of body fat, improvement of blood lipids, lowering of blood pressure, improvement of cardiovascular function, reduction in risk of heart disease, improved strength and muscular endurance, improved posture, and improved flexibility.

#### **Client Responsibilities**

I understand that it is my responsibility to:

- 1) Complete the written information form honestly and correctly;
- 2) Fully disclose any health issues (including diabetes, heart problems, seizures, and asthma);

