

MeU Pilates Studio

Client Informed Consent

I _____, recognize that **MeU Pilates Studio** will not be able to and will not provide its program to the client without the execution of this **Client Informed Consent** form and the completion of the **MeU Pilates Studio Health and History Self - Profile Form**.

As part of our relationship, **MeU Pilates Studio** will provide space for and instruction in The Pilates Method and the exercises/equipment created by Joseph Pilates. By executing this **Client Informed Consent** document, I acknowledge that it has been explained to me, the ranges and kinds of exercises that I will be doing, such as strength training and stretching exercises. I have also received information on the studio equipment, such as the Reformer, Tower, Cadillac, Wunda Chair, Pilates Arc, and Step Barrel, Ladder Barrel, Arm Chair, Floor Mat. In addition to equipment, there is FloorWork which may include the following props: Pilates Rings, Yoga blocks, Bands, Dowels, Arcs, Foam Rollers, and the Moon Box, and Long/Short Box.

It has been further explained to me that as with any exercise, there is always the possibility of physical injuries, adverse physical reaction, disabilities, and even death, could result from taking part in such physical exercise.


As a client of **MeU Pilates Studio** and by signing the **Client Informed Consent**, I am acknowledging that I have been informed of, and am aware of such risks and that I assume all such risks, and consent to participation in The Pilates Method exercise program.

Also, by signing this **Client Informed Consent** document, I acknowledge that I have been informed of the various physical benefits that I may reasonably experience by participating in The Pilates Method exercise program. Those benefits may include things such as improved strength and flexibility. While these benefits may be reasonably expected through my participation in the program, these benefits cannot be guaranteed as each person's physical response to The Pilates Method of Exercise is and will be variable.

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Also, as a part of obtaining my informed consent, I agree that if I have any doubts about my ability to participate in The Pilates Method of Exercise, it is recommended that I consult with my own private physician and obtain physician's approval before participating in any exercise program, including The Pilates Method of Exercise.

Finally, by signing this informed consent document, I acknowledge that I have had my concerns and questions answered to the extent of the ability of the Pilates Instructor/Fitness Trainer, regarding The Pilates Method and/or my participation therein.

_____		_____
Client Signature		Date
_____		_____
Instructor Signature		Date
_____		_____
Instructor Signature		Date
_____		_____
Instructor Signature		Date