



Pilates and Exercise Participation Informed Consent

I acknowledge that I may be engaging in physical exercise while attending City Physiotherapy & Sports Injury Clinic's (hereinafter referred to as "the clinic") facilities or facilities which the clinic utilises for the purpose of teaching exercises, which could cause me injury. I hereby state that I am and will be voluntarily participating in these activities, whether supervised or unsupervised and I hereby assume all risk of injury, which might result from these activities.

There exists a possibility of certain dangers when exercising. They may include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances the possibility of heart attack, stroke or death. It is important for you to realise that you may stop whenever you wish because of feelings of fatigue or any other discomfort.

Whilst every care will be taken it is impossible to predict the body's exact response to exercise. Every effort will be made to minimise these risks by evaluation of preliminary information relating to your health and fitness and by observations during exercising in supervised exercise classes or exercise sessions.

I understand that there may be an element of hands-on teaching / correction of the exercises during the Pilates, exercises classes or individual exercise prescription and I give consent to receive hands-on teaching of exercises unless I inform the Physiotherapist directly about being uncomfortable about this.

I realise that if I swap to another class time the teacher may not have immediate access to my health declaration form and that it is my responsibility to make them aware of any current health or injury problems, my responsibility not to work beyond my usual level of difficulty and to make my own adaptations as needed.

I will inform the physiotherapist in charge of the clinic's group classes and my treating physiotherapist of any changes to my health which may affect my ability to exercise.

I hereby waive and release any and all claims that I now have or may have against the clinic, its employees or agents for injury sustained by the clinic as a result of participation in physical exercises and activities. I hereby acknowledge that I have carefully read this waiver and thus fully understand that it is a release of liability of the clinic and I agree that such a waiver and release is reasonable and proper based on the nature of services provided by the clinic.

Name _____

Signed _____ Date ____ / ____ / ____

CITY PHYSIOTHERAPY AND SPORTS INJURY CLINIC

Level 6 / 108 King William Street, Adelaide, South Australia 5000 | 81 King William Street, Adelaide, South Australia 5000

Phone 8212 4886 Fax 8212 8028 Email info@cityphysiotherapy.com.au Web www.cityphysiotherapy.com.au ABN 70 115 800 817