

Free Rein Pilates – Informed Consent Form

Before taking part in any class, session, or event, you must read and sign this form to confirm your understanding and acceptance of the risks involved.

Participation Statement

I understand that Pilates and related movement practices involve physical activity, which may carry a risk of injury. I confirm that:

- I will listen to my body and stop if I feel discomfort or pain
 - I will inform the instructor of any health changes, injuries, or concerns
 - I understand that modifications will be offered but I am responsible for my own limits
 - I understand instructors are not medical professionals and do not diagnose or treat medical conditions
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Health Declaration

I confirm that I have either:

- Completed a Client Intake Form with relevant health information
or
- Disclosed any current health conditions, injuries, or other concerns to the instructor

If in doubt about my suitability to take part, I have consulted my GP.

Assumption of Risk

I accept full responsibility for my participation. I agree that Free Rein Pilates and its instructors are not liable for any injury, loss, or damage unless caused by proven negligence.

I take part voluntarily and at my own risk.

Consent

By signing below, I confirm that I have read and understood this form and agree to the terms of participation.

Full Name: _____

Signature: _____

Date: _____

If under 18:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____