

Pilates Consent Form

Date: _____

I, _____

desire to participate in the fitness program with Joyce Baker. I understand that I am solely responsible for determining my level of tolerance, endurance, and participation. I further understand that any level of exercise activity has certain risks associated with it. I have consulted with my physician and described the exercise program to him/her. I have listed below the limitations placed on my activity and/or medical condition(s) of which the instructor of the exercise program should be aware.

Physical limitations: _____

Name: _____

Signature: _____

Address: _____

City, ST Zip: _____

Phone Number: _____

E-mail: _____