

INSIDE OUT PILATES

TANIA BODDY

PERSONAL INFORMATION

First Name _____ Surname _____

Date of Birth _____ M/F (please circle)

Address _____

_____ Post Code _____

Telephone contact Home _____ Mobile _____

Email _____

Medical history/current issues - please circle

Low back pain Pelvic pain Spine condition

Shoulder pain Neck pain

Heart problems High or low blood pressure

Please give details below

Recent injuries or surgery

Please give details below

Please circle any diagnosed condition from the list below

Asthma Arthritis Stroke

Diabetes Depression Bronchitis

Cancer

PILATES ONLINE INFORMED CONSENT

The online program will be taught at a safe pace and will only include exercises which can safely be done without an instructor in situ. You will however be observed as individuals and classes will remain small. It is important that you stop at any time, pause or redo a previous exercise.

particularly if feeling discomfort.

I accept the statement above and willingly participate in the practical exercises at my own risk. I have no physical restrictions, disabilities or any predisposition to sickness or injury that may be aggravated or adversely affected as a result of my participation. I take full responsibility for any injury, loss or damage to my person that may arise directly or indirectly from my participation in the exercises. I will not seek to penalise, prosecute or claim compensation from Tania Boddy of any injury, loss or damage.

Signed _____ Date _____

Please complete and sign the form and return to me ASAP, I suggest you take a photo of the page below, complete, then send me the photo. Thank you

PAYMENT

At present and due to the hopefully temporary nature of these online classes, payment will be made by BACS system. If this is an issue for you, please let me know and we can agree to another way. I have suggested a minimum £5 per class and that you pay for 4 at a time for ease and for compliance.

Bank Transfer to Tania Boddy Sort code 30-80-37 Account: 50506860