**Informed Consent Form for Participants**

Pilates exercise programmes are designed to improve muscle tone and strength, endurance and flexibility and may include physical activities such as stretching and sometimes using equipment.

When participating in activity/exercise you are likely to experience different levels of intensity over varying lengths of time. Each part of the activity/exercise you participate in will be fully explained, you are strongly advised to ask questions if you are not clear about anything.

Most exercise programmes contain certain risks; muscle pulls, joint strains, aches, pains and general discomfort from parts of the body not previously used. If at any time you feel any pain or discomfort, stop performing the activity and notify the instructor. Likewise, if you feel that you should not do a particular exercise for any reason you must inform the instructor.

Prior to taking part in activity/exercise sessions you are advised to complete a physical activity readiness questionnaire (PAR-Q), if you answer Yes to any of the questions you are strongly recommended to consult your GP prior to continuing. There are many activities you may still be able to do. You are advised to start slowly and increase your level of activity slowly, whatever level you are currently at.

I have read and understood the conditions and risks of participation and I consent to voluntarily take part in the activities required.

I realise I am free to withdraw my consent and from the activities at any time, without negative consequences.

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| --- | --- | --- | --- | --- | --- |
| **Client:** |  | **Signature:** |  | **Date:** |  |

**Physical Activity Readiness Questionnaire (PAR-Q)**

A Questionnaire for Participants

Please read the following questions and answer each one honestly.

|  |  |  |
| --- | --- | --- |
|  | **YES** | **NO** |
| 1 | Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?  |  |  |
| 2 | Do you feel pain in your chest when you do physical activity?  |  |  |
| 3 | In the past month, have you had chest pain while you were not doing physical activity?  |  |  |
| 4 | Do you lose your balance because of dizziness or do you ever lose consciousness?  |  |  |
| 5 | Do you have a bone or joint problem that could be made worse by physical activity?  |  |  |
| 6 | Is your doctor currently prescribing drugs for your blood pressure or heart condition? |  |  |
| 7 | Are you taking any medication that we should be aware of?If yes please give details & what they are for: Insulin for diabetes (type 1) |  |  |
| 8 | Are you pregnant or have recently had a baby? |  |  |
| 9 | Have you had any recent injuries or operations?If yes please give details:  |  |  |
| 10 | Do you know of any other reason why you should not do physical activity?  |  |  |

|  |
| --- |
| **If you answered YES to one or more questions**  |
| Talk to your doctor **BEFORE** you become more physically active or have a fitness appraisal. Discuss with your doctor which kinds of activities you wish to participate in. Please also detail below: |

|  |
| --- |
| **If you answered NO to all the questions**  |
| If you answered no to all questions you can be reasonably sure that you can: * Start becoming more physically active – start slow and build up.

However, Delay becoming more active if: * You are not feeling well because of temporary illness such as a cold or flu.
* If you are or maybe pregnant – talk to your doctor first.
 |

**w:wPlease Note:** If your health changes so that you then answer **YES** to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

‘I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.’

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Client:** |  | **Signature:** |  | **Date:** |  |

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and become invalid if your condition changes so that you would answer YES to any of the seven questions.

**N.B. ADDITIONAL QUESTION FOR WOMEN: Have you ever had children and if so, have you ever been checked for ab separation?**