

Informed Consent for Exercise Program

Explanation of the Exercise Program

Pilates, Yoga and GYROTONIC® based training involves exercises on both mat and specially designed equipment. All exercise sessions will be geared towards individual needs and will be taught by a certified trainer. In some instances, group sessions may be taught. The sessions may consist of a variety of training methods including:

1. Active assisted and resistive training for spine and extremities,
2. Stretching and mobility exercises for spine and extremities designed to increase flexibility and range of motion,
3. Neuromuscular reeducation designed to restore and promote healthy, efficient movement patterns and,
4. Aerobic conditioning designed to place gradual increasing workload on the cardiovascular system.
5. Although, the program is designed to increase overall fitness, no guarantee of improvement can be made. However, results generally will occur with consistent participation in the program and adherence to healthy life style choices.

Discomforts and Risk of the Exercise Program

Clients may experience soreness or fatigue after beginning the new exercise program. In addition, as clients become more experienced with the work over time and are introduced to new exercises or increased intensity of exercises, they may again experience minor discomfort. These minor discomforts should decrease quickly. If the symptoms persist, it is recommended that the client consult a physician before continuing with the program.

The reaction of the cardiovascular system to exercise cannot always be predicted with complete accuracy. Therefore, there is a risk of certain changes occurring during or following exercise. These changes can include abnormalities of blood pressure or heart rate, and in rare cases cardiac complications. If any adverse signs or symptoms are experienced, they should be reported immediately to the trainer so that modifications in the exercise regimen can be made or immediate measures taken.

Every effort is made to avoid any adverse reactions in any aspect of the program by conducting an initial assessment, careful review of the health personal history questionnaire and through constant observation and during each exercise session.

Cancellation Policy

24-hours advance notice is required to cancel or reschedule a private or semi-private session. Individuals with Monday appointments must call the Friday **BEFORE** your Monday appointment (**72 hours**) to cancel or change your appointment. ***You will be charged the full rate for missed, canceled, or rescheduled appointment if not made with in this time frame.***

Inquires

Before signing this form, please feel free to ask any questions regarding any aspect of this program that may be unclear to you. Take as much time as necessary to think it over.

I have volunteered to participate in a program of progressive physical exercise. I hereby waive fully and finally any causes of action or claims against ON CORE Studio, LLC, and forever release ON CORE Studio, LLC along with its owner, members, heirs, employees and representatives from any and all liability, responsibility, claims, causes of action, injuries, judgments or other damage of any nature whatsoever, including, but not limited to any personal injuries incurred by the undersigned patron, user/subscriber/member of, ON CORE Studio, LLC directly or indirectly resulting from participating in the services and/or activities undertaken at 3617 Baldwin Ave, Makawao, HI 96768, as well as any personal injury sustained by the undersigned patron's presence on the real property premises whether or not participating in or utilizing the services/or activities of ON CORE Studio, LLC.

I have read and understand the above.

Client's Signature: _____

Date: _____

A physician's examination should be obtained by all participants before involvement in the exercise program. If a participant chooses not to obtain a physician's permission s/he must sign the following statement:

I have been informed of the recommendation for a physician's approval for participation in a progressive exercise-fitness program. I fully understand the strenuous nature of the program.

Client's Signature: _____

Date: _____