



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

New Canaan Y Pilates Apparatus Waiver
PLEASE PRINT CLEARLY

DATE _____

NAME _____ AGE _____

PHONE _____

EMAIL _____

Please tell us about any medical conditions, orthopedic conditions, injuries, or medications that your instructor should be made aware of: (Please be as specific as possible and attach another piece of paper if necessary.)

Please check Yes or No to the following: Heart Disease _____ Heart Attack _____
Diagnosed Heart Murmur _____ High Blood Pressure _____ High Cholesterol _____
Diabetes _____ Family History of any of these conditions _____

Informed Consent Form for Exercise Participation

I desire to engage voluntarily in the New Canaan Y Pilates Reformer exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal systems to thereby attempt to improve their function. The reaction of these systems to such activities can't be predicted with complete accuracy. There is risk of certain changes that might occur during or following the exercise. I understand that if I am taking any medications or have any medical conditions or injuries, I should check with my physician to learn how it may affect my exercise. I also acknowledge that I am responsible for monitoring my own conditions throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform my instructor and doctor of my symptoms. In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the program have been answered to my satisfaction. In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program. Also, in consideration for being allowed to participate in the New Canaan Y pilates apparatus program, I agree to assume the risk of such exercise, and further agree to hold harmless the New Canaan Y and its staff members conducting the pilates apparatus program, from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way, from the pilates apparatus program.

SIGNS OF OVERDOING IT - - STOP EXERCISE AND INFORM INSTRUCTOR

***musculoskeletal problems aggravated by exercise*nausea*irregular heart rate following exercise*difficulty breathing*undue fatigue during exercise*dizziness or staggered walk*tightness of chest or pain referred to teeth, arm, jaw, ear, or upper back**

Signature of Adult Participant _____ Date _____

Signature of Physician _____ Date _____
(May be requested)

The New Canaan YMCA is a 501(c)(3) nonprofit organization that relies on private and public support to fulfill its charitable mission of community service.