



a Sense of Balance

I AGREE TO THE FOLLOWING TERMS AND CONDITIONS FOR PARTICIPATION IN ONLINE EXERCISE CLASSES THROUGH **A SENSE OF BALANCE**.

Name: _____

Date of Birth: ____/____/____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Do you have any physical limitations that could be aggravated by exercise (i.e. conditions or injuries of the back, neck, shoulder or knee problems, current or previous)?

If so, please explain:

Do you have any medical conditions or diseases that could be aggravated by exercise (e.g. asthma, diabetes, heart condition, neurological condition, recent surgery etc.)?

If so, please explain:

It is your responsibility to inform the instructor of physical and/or medical limitations via a private form of contact (email, phone call, online message etc) before the class.



WAIVER OF LIABILITY

I have retained the services of A Sense of Balance to receive physical training through their online platform of both virtual live and pre-recorded videos. I intend to assume all risk of injury from my participation. I acknowledge and agree to the following:

1. I am aware that **A Sense of Balance** is here to serve me by sharing knowledge of exercise modalities.
2. I recognize that these activities may at times be strenuous.
3. By my participation in any of these activities, I confirm to you that to my knowledge I am physically fit and in good health.
4. I know I have the right to choose what exercises I do or do not perform in addition to withdrawing from any exercises at any time. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor.
5. The classes offered through the **A Sense of Balance** online platform utilizes Pilates, Yoga, strengthening, stretching, body conditioning and cardiovascular work. As is the case with any physical activity, the risk of injury is always present and cannot be entirely eliminated. During and after exercise there exists a potential for muscle soreness and stiffness, as well as a risk of suffering abnormal blood pressure, fainting, disorders of the heartbeat and in rare instances heart attack and death. I assume all of the foregoing risks and accept personal responsibility for any injury or damages that I might suffer.
6. It is my responsibility to ascertain that there is no medical reason to prevent my participation. Yoga and Pilates are not substitutes for medical attention, examination, diagnosis or treatment. Yoga and Pilates are not recommended and are not safe for those with certain medical conditions. I will make the instructor aware of any medical conditions or physical limitations before class. By signing I affirm that, if requested by A Sense of Balance to do so, a licensed doctor has verified my good health and physical condition to participate in such a physical activity. In addition, if I am pregnant, become pregnant or I am post-natal or post-surgical, my signature verifies that I have my Doctor's approval to participate.
7. I assume full responsibility for any injuries or illness that I may incur and I hereby agree to irrevocably release and waive any rights to make a claim at any time for injury or damage of any sort against **A Sense of Balance** or **Emma O'Callaghan**.

I have read and understood this informed consent and waiver, and release liability. I have read and confirm that I fully understand and agree to the above terms of this informed consent and waiver, and release all liability. I am signing this agreement voluntarily and recognise that my signature serves as complete and unconditional release of all liability to the greatest extent allowed by law in the United Kingdom.

Signed:

Dated:
