



EMPLOYEE WELLNESS PROGRAM
Division of Kinesiology and Health Science
(657) 278-4404 / Fax (657) 278-5317

Informed Consent Form Pilates Mat Class

Name _____

Department / Unit _____

Campus Address _____

E-mail Address _____

Phone / Fax _____

1. Purpose and Explanation of the Class

The Pilates Mat Class meets for one hour, twice per week. The emphasis of the class is on increasing the strength and endurance of the abdominal and back muscles and also on increasing flexibility. The selection of exercises and the intensity of the training must be appropriate based on your health history and current level of fitness.

2. Attendant Risk and Discomforts

There are inherent risks associated with Pilates training, strength training and other forms of physical activity. Pilates training and strength training may result in acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, light headedness, dizziness, delayed onset muscle soreness (DOMS), more chronic conditions such as tendonitis, and other discomforts. Training should be modified or postponed if a back/neck disorder or condition is present or if pain or symptoms persist. All EWP staff are trained in basic cardiac life support (CPR) and are trained to watch for any signs or symptoms associated with a poor exercise response.

3. Responsibilities of the Participant

To promote the safety and benefit of your participation in the Pilates Mat Class, it is important that you fully disclose your personal health history, any medications you are taking, and any symptoms you may be experiencing during exercise. Such symptoms would include back/neck/joint pain, irregular heart rhythm, tightness or pressure in your chest, unusual shortness of breath, light headedness, dizziness and the like. It is also important that you adhere to the recommendations of the EWP staff especially with regard to the choice and intensity of exercises you perform. You should not exceed the recommended exercise intensity and you should not exercise when you are sick or not otherwise feeling well.

4. Benefits to be Expected

It is expected that you will see benefits as a result of regular and consistent participation in the class. Pilates training typically results in numerous physical benefits (including improved muscle strength, improved muscular endurance, and increased flexibility) and possibly in reduced back pain and an improvement in physical tasks associated with work, recreation and every day life.

5. Inquiries

An important part of the informed consent process is providing you the opportunity to inquire about any aspect of the Pilates Mat Class. If you have any questions or concerns about the class, please feel free to ask your Exercise Class Leader or any member of the EWP staff.

6. Use of Medical Records and Information

Any information gathered in conjunction with the class (such as health history information, exercise risk, instances of joint pain, chest pain, light headedness or dizziness, etc.) will be kept confidential to the extent provided by law. You will be encouraged to allow us to share this information with your physician or primary care provider in an attempt to diagnose or treat a current disease or reduce your risk of developing a more serious medical condition. No identifiable information will be released or revealed to any other party without your written consent. You may be asked, however, to allow certain information (from which your identity is removed) to be used for statistical analysis or research purposes.

7. Freedom of Consent

I agree to voluntarily participate in the Pilates Mat Class. I understand that I am free to deny consent if I so desire now or at any point in the program.

Please Read the Following Statements Carefully

Initial

_____ I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the Pilates Mat Class in which I will be engaged. I accept the risks, rules, and regulations set forth. Knowing these, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate in the Pilates Mat Class.

_____ If I am accidentally injured during the Pilates Mat Class, the EWP staff will offer immediate first aid (if needed) but will be unable to provide treatment. If injured, I will be responsible to seek treatment with my own physician or primary care provider.

_____ Furthermore, I, for myself and my heirs, fully release from liability and waive all legal claims against California State University, Fullerton and all Employee Wellness Program staff for injury or damage that I might incur during participation in the Pilates Mat Class.

Signature

Date

Please return this form when completed and signed to:

**Employee Wellness Program
KHS-121**