



Name \_\_\_\_\_

Phone - mobile \_\_\_\_\_ home \_\_\_\_\_

E-Mail \_\_\_\_\_

## Safety Considerations For Exercise Participation

*These classes involve activities and positions that may be contraindicated for participants with injuries or medical conditions. As a general rule of thumb, if an activity causes pain, it should not be done! Know the difference between feeling sensations and feeling pain. We must take special care to adjust our practice to meet our individual needs ...individual bodies require individual workouts.*

*Namaste*

**Eye and ear problems:** Avoid inverted postures and breath holding.

**Hypertension and high blood pressure:** Avoid inverted postures and breath retention.

**Knee Injuries:** Place extra padding under the knees during mat work. Avoid intense stretches of the quadriceps and deep bending at the knee.

**Lower Back injuries:** Bend the knees during any forward folding exercises. Pay special attention to pulling the abs up and in.

**Menstrual Cycle:** Participants may want to avoid fully inverted postures.

**Osteoporosis:** Avoid stress on the thoracic spine, including forward flexion. Emphasize hinging at the hips when leaning forward. If you have had any fractures due to osteoporosis, please let us know the details.

**Pregnancy:** Please consult your physician prior to taking part in our programs.

**Sciatica:** Avoid forward bending without a slight bend in the knees to avoid intense hamstring stretching.

**Seniors:** Seniors should pay close attention to breathing and balance! Chest and shoulder OPENING poses should be emphasized while extended periods of inversion and forward flexion should be minimized (definitely in the beginning)..

**Upper back or neck injuries:** Avoid inverted postures including the bridge. Do not drop the head back during back bends.

**Wrist Problems:** To alleviate discomfort in any postures except Downward Facing Dog, rest on your knuckles, forearms, or fingertips or use a prop.

\*\*\*In all exercises and postures, we never want to cause PAIN!\*\*\*

Initial After Reading \_\_\_\_\_

## INFORMED CONSENT

*By signing this document, I acknowledge that I have read the above safety precautions and will listen to my body, altering movement as needed and informing the instructor if anything is uncomfortable. In signing this document, I acknowledge being informed of the somewhat strenuous nature of the program and the potential for injury such as a pulled muscle, a torn ligament, a back injury or worse. By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility Triangle Pilates, LLC, the facility or any persons involved with this program. I understand that questions and concerns about exercise procedures and recommendations are encouraged, welcomed and kept confidential. I have informed the instructor of any medical conditions and/or concerns that I have and will inform her if my history should change.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date