

Leeds Pilates Place Client Release Form

Client Name	
Name & Title of Medical Profession	
E-mail address	
Telephone	

Client will be attending	Group Classes	Private 1:2:1
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Condition	
Limits of condition	
Movement to avoid	
Movement to encourage	
Any other information	

I am happy that this person has passed the acute phase of their condition and can participate in private Pilates at The Leeds Pilates Place	Sign: Date:
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