

Date:

To

Murray and Gillian Lazenby

Genius Wellbeing PL

Hillcrest Rd Eltham North 3095

mail@ www.geniuswellbeing.om.au

Regarding Client / Patient:

Pilates or Yoga Participation

I have been consulting with the above patient, and have recommended / given my consent for them to participate in group fitness sessions of Yoga / Pilates, at any level without risk.

I believe they can safely attend your sessions.

Notes:

Signed _____

Name

Contact details (or attach business card)