

DATA PROTECTION RULES ARE CHANGING, SO WE'D LIKE YOUR CONSENT TO KEEP IN TOUCH!

**BODY CONTROL
PILATES®**

I confirm agreement to be contacted with information on classes and other Pilates-related activities and understand that I have the right to withdraw this 'consent to be contacted' at any time.

I confirm that my Body Control Pilates teacher(s) may use the information provided in my Client Enrolment Form, and any other information I may later provide, for teaching purposes, and that this information:

- will be used in confidence and stored securely
- will not, in any circumstances, be shared with a third party without my written consent
- may be retained by my teacher for a period of time such as complies with professional, legal and insurance requirements that they must fulfil

Your name:

Signature:

Date:

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