

EXPLANATION OF PROCEDURE

I hereby voluntarily give consent to engage in a personal fitness training program. I also give consent to participate in other activities which are recommended to me, such as dietary practices and other health or fitness-related activities.

A fitness trainer will prescribe a program geared to my training goals and scaled to my level of conditioning. This program will progress gradually. I understand that I am expected to attend every session and to follow the trainer's instruction regarding the fitness training program and health or fitness related activities.

My blood pressure and heart rate, and feelings of effort or discomfort may need to be evaluated during the these sessions in order to monitor progress and/or regulate my level of activity within certain limits. I understand the trainer may make adjustments or stop exercise according to these findings.

Fitness tests may be conducted in order to evaluate and assess my present level of fitness. I understand that during certain tests I may be encouraged to work at maximum effort and that at any time I may terminate the test for any reason. I will be given the opportunity for periodic assessments and evaluations after the start of the program.

I also understand that the touching and positioning of my body may be necessary to asses bodily reaction to specific exercises, provide assistance during certain exercises, administer partner-assisted stretching, and evaluate and train proper exercise technique and body alignment. I expressly consent to physical contact for the above stated reasons.

In the event that medical clearance must be obtained prior to my participation in a personal fitness training program, I agree to consult my physician and obtain written permission from my physician prior to participation.

Certain medical conditions and medications may affect the body's response to exercise and diet. I have disclosed my medical conditions and any medications I am taking (including non-prescription medications). I further agree to promptly inform the trainer of any changes to my medical status and/or prescription medications.

ASSUMPTION OF RISKS

The body's reaction to exercise can't be predicted with complete accuracy. I understand there is a risk of adverse changes which may occur during or after exercise. Risks include but are not limited to injuries to the muscle, ligaments, tendons, and joints. Remote risks include but are not limited to abnormal blood pressure, fainting, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death.

Although precautions will be made to minimize these risks, I understand that I am responsible for carefully controlling my exercise efforts and monitoring my own condition throughout the program. If any unusual symptoms should occur, I will cease my participation and inform the trainer of the symptoms. Unusual symptoms include but are not limited to nausea, difficulty in breathing, joint or muscle pain, and discomfort in the chest, neck, jaw, back, and/or arms. My prompt reporting of these and any other unusual feelings is very important.

I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death but, knowing these risks, it is my desire to participate as herein indicated.

I agree to assume all risks and responsibilities for my health and wellbeing, and hereby release and hold harmless and their agents and employees from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence arising out of or related to my participation in the personal fitness training program and other activities.

BENEFITS TO BE EXPECTED

I understand that involvement in the personal fitness training program will allow me to learn how to perform conditioning exercises, use fitness equipment, progress intensities as fitness increases, and regulate physical activity. I also understand the rate and level of improvement of fitness and related personal goals will be dependent on but not limited to how closely I follow the program instructions, my level of fitness, health, and genetic predisposition.

CONFIDENTIALITY AND USE OF INFORMATION

The medical information obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any third party without my written consent. The information will be used by the trainer and staff to evaluate my exercise status or needs, or may be used for statistical purposes with my right to privacy retained.

INQUIRIES AND FREEDOM OF CONSENT

I have been given an opportunity to ask questions pertaining to the personal fitness training program as well as to this informed consent and participation agreement.

I have read the foregoing carefully, fully understand the risks of this program and terms of this agreement, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.

Participant's Name (Printed)

Participant's Signature _____ Date: