Informed Consent

I desire to participate voluntarily in a progressive exercise program and/or fitness testing in an effort to assess and improve my physical well-being.

I understand that these physical activities and/ or fitness tests are designed to gradually increase the workload on my circulatory systems as well as my musculoskeletal system in an effort to improve their function. The reaction of the system(s) to such activities cannot be predicted with complete accuracy. The possibility of certain unusual changes during or following the exercise sessions does exist. These changes could include abnormalities in blood pressure or heart rate, ineffective heart function, fainting, muscle soreness, muscle strains, and possibly heart attack or cardiac arrest.

The benefits obtained from the exercise program may include a more efficient cardiovascular system, a decreased risk of heart disease and other chronic diseases, improved muscular and skeletal systems, and an increased quality of life.

I realize that it is necessary for me to report, promptly, any signs and/or symptoms indicating abnormalities or distress. I know that if there are any questions about the procedures or methods used during an exercise session or test, I should ask my trainer. If I have any doubts, concerns or questions I should ask for further explanation. I am also aware that I may decide to discontinue a session at any time should I be in any distress.

I have read this form and voluntarily consent to participate in this exercise program and/or fitness test and realize that I am free to withdraw at any time.

Signature of Client _____ Date _____

Printed name of Client _____

Signature of Parent/Guardian if under the age of 18 _____ Date _____

Printed name of Parent/Guardian _____

Signature of Trainer _____ Date _____