

FITNESS TRAINING PROGRAM

INFORMED CONSENT AGREEMENT

PROGRAM OBJECTIVES:

I understand that my physical fitness program is individually tailored to meet the goals and objectives agreed upon by my personal trainer and myself. I understand however, that my personal trainer cannot guarantee that I will accomplish the goals established. My program goals include (initial all that apply).

Cardiovascular improvement

Improved endurance

Increased strength

Improved flexibility

Decreased body fat

Weight loss

Other _____

Description of the exercise program:

I understand that my exercise program will involve participation in a number of types of fitness modalities. These activities will vary depending upon my established objectives, but will probably include:

1. Aerobic activities including, but not limited to, the use of steps and calisthenics.
2. Muscular endurance and strength building exercises including, but not limited to, the use of free weights, calisthenics and other exercise apparatus.
3. Other activities selected by my personal trainer and agreed upon by me.
4. Selected health and fitness assessments and tests.
5. Flexibility, balance and postural improvement exercises.

Description of Potential Risks:

My personal trainer has explained that no exercise program is without inherent risk and that, regardless of the care taken by my personal trainer, he (or she) cannot guarantee my personal safety.

For example, when one induces cardiovascular stress through activity, injuries can range from occasional minor injury (pulled muscles, muscle soreness) to infrequent serious injury (heart attacks, stroke) to the very rare incidents (death, paralysis). In addition, I know that engaging in muscular endurance, strength building and other fitness activities occasionally results in minor injuries (bruises, strains, sprains), infrequently more serious injuries (muscle tears, herniated disks, torn rotator cuff) and very rarely catastrophic injury (death, paralysis).

I realize that when participating in any exercises or conditioning activity, there is always a possibility that minor injury, major injuries, or catastrophic injury/death may occur.

Description of Potential Benefits:

I understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I know that some of the physiological benefits of a regular exercise program can include loss of weight, reduction of body fat, improvement of blood lipids, lowering blood pressure, improvement of cardiovascular function, reduction in risks of heart disease, improved strength and muscular endurance, improved posture and improved flexibility. I further realize that regular exercise can have psychological benefits, often improving one's outlook and feeling of well-being, as well as relieving tension and stress.

Client Responsibilities:

I understand that it is my responsibility to:

1. Fully disclose any health issues or medications that are relevant to participation in a strenuous exercise program.
2. To inform the trainer of any activities with which I do not feel comfortable doing.
3. To cease exercise and report any unusual feelings (e.g. chest discomfort, nausea, difficulty breathing, apparent injury, etc.) during the exercise program.
4. Clear my participation to exercise with my physician.

Client Acknowledgements:

In agreeing to this exercise program, I, the client:

- Acknowledge that my participation is completely voluntary.
- Understand the potential physical risks involved in the exercise program and believe that the potential benefits outweigh those risks.
- Give consent to certain physical touching that may be necessary to ensure proper technique and body alignment.
- Understand that the achievement of health or fitness cannot be guaranteed.
- Have had a voice in planning and approving the activities selected for my exercise program.
- Have been able to ask questions regarding any concerns I might have, and have had those questions answered to my satisfaction.
- Am in good physical condition, have no impairment which might prevent my participation in such activities, and have been advised to consult a physician prior to beginning this program.
- Have been advised to cease exercise immediately if I experience unusual discomfort and feel the need to stop.

I have read and understand the above agreement. I have been made fully aware of and understand the potential risks involved in this fitness program. I hereby consent to those risks and am freely and voluntarily participating in this program. Finally, I am freely signing this agreement.

Signature of Client Date

Signature of Witness Date

