

INFORMED CONSENT AGREEMENT

Name: _____ Tel/Home: _____

Address: _____ City: _____ State: _____ Zip: _____

IN CASE OF EMERGENCY-CONTACT: _____ Tel: _____

GENERAL STATEMENT OF PROGRAM OBJECTIVES AND PROCEDURES:

I understand that this physical fitness program includes exercises to build the cardio respiratory system (heart and lungs), the musculoskeletal system (muscle endurance / strength and flexibility), and to improve body composition (reducing body fat in individuals desiring the reduction of fat while increasing lean body mass; e.g., weight of muscle and bone). Exercises may include aerobic, anaerobic and stretching activities; e.g., treadmill, walking, running, bicycle riding, rowing, plyometrics and/or weight lifting to improve muscular strength, endurance and flexibility.

DESCRIPTION OF POTENTIAL RISKS:

I understand that the reaction of the heart, lung, and vascular system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes during or following exercise, which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that Fitness Solutions, LLC, shall not be liable for any damages arising from personal injuries sustained by buyer while and during the PERSONAL TRAINING PROGRAM. Buyer using the exercise equipment during the PERSONAL TRAINING PROGRAM does so at his/her own risk. Buyer assumes full responsibility for any injuries or damages which may occur during the training.

I hereby fully and forever release and discharge Fitness Solutions, LLC, its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to my heart, safety, comfort, or physical condition if I engage or participate (other than those items fully disclosed on health history form).

I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

DESCRIPTION OF POTENTIAL BENEFITS:

I understand that a fitness program of regular exercise for the vascular system, muscles and their associated connective tissue has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease of risk in heart disease.

I have read the foregoing information and understand it. Any questions, concerns or issues that may have occurred to me have been answered to my full satisfaction.

Signature of Participant _____ Date _____

Signature of Witness _____ Date _____