

PERSONAL BEST AGREEMENT AND RELEASE OF LIABILITY

NAME _____

1. Purpose and explanation of procedure

I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness program activities that are recommended to me for improvement of my general health and well-being. These may include dietary counseling, stress management and health/fitness education activities. The levels of exercise I perform will be based upon my cardio respiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a graded exercise test as well as other fitness tests prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness. I will be given personal instructions regarding the amount and kind of exercise I should do. I agree to participate 3 times per week in the formal program sessions. Depending on my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. If I am taking prescribed medication, I have already so informed the program staff and further agree to so inform them promptly of any changes my doctor or I make with regard to the use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of my program.

I have been informed that during my participation in the personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the staff of my symptoms. I hereby state that I have been advised and agree to inform the personal fitness training staff of my symptoms, should any develop.

I also understand that during the performance of my personal fitness training program, physical touching and positioning of my body may be necessary to assess my muscular reactions to specific exercises, as well as ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for these reasons.

2. Risks

I understand and have been informed that there exists the remote possibility of adverse changes occurring during exercise including but not limited to: abnormal blood pressure, fainting, dizziness, disorders of heart rhythm and very rare instances of heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to: injuries to the muscles, ligaments, tendons and joints of the body. I have been told that every effort will be made to minimize these occurrences by proper staff assessments of my condition before each exercise session, by staff supervision during exercise, and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily harm, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. Benefits to be expected

I understand that this program may or may not benefit my physical fitness or general health. I recognize that the involvement in the personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, regulate physical effort, and how to make healthy lifestyle nutritional and behavioral changes. I further understand that if I closely follow the program's instructions, I will likely improve my exercise capacity and fitness level after a period of 2 to 6 months. I understand that the rate of my success depends on my consistency, determination, and the daily choices I make.

4. Confidentiality and use of information

I have been informed that the 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 person without my express written consent. I do however, agree to the use of any information that is not personally identifiable with me for research and statistical purposes so long as same does not identify me or provide facts that could lead to my identification.

5. Inquires and freedom of consent

I have been given an opportunity to ask certain questions as to the procedures of this program. I further understand that there are also other remote risks that may be associated with this personal fitness training program. Despite the fact that a complete accounting of all these remote risks has not been provided to me, it is still my desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same. I expressly consent to the rendition of all services and procedures as explained herein by all program personnel.

DATE _____

CLIENTS SIGNATURE _____