

# INFORMED CONSENT

Name: \_\_\_\_\_

## 1. Purpose and Explanation of Procedure

I hereby consent to voluntarily engage in an acceptable exercise prescription. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I will be given personal instructions regarding the amount and kind of exercise I should do. A trained fitness staff member will provide leadership to direct my activities and evaluate my efforts while learning my exercise prescription.

If I am taking prescribed medications, I will inform the program staff on this form and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these.

I have been informed that during my participation in the above described exercise prescription. I will be asked to complete physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this 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 fitness staff of my symptoms, should any develop. I also understand that the fitness staff may reduce or stop my exercise prescription when any of the above symptoms occur or my overall performance indicates that this should be done for my safety and benefit.

I also understand that during the performance of my exercise prescription physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

## 2. Risks

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to; abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances 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. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessments of my condition before each exercise session, staff supervision during initial exercise session, and by my own careful control of exercise efforts. 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.



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### 3. Benefits

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity and fitness level.

### 4. Confidentiality and Use of Information

I have been informed that the information which is obtained in this exercise prescription will be treated as privileged and confidential and will consequently not be released or revealed to any person. For research and statistical purposes, I consent to the use of any information that does not identify me personally or provide facts that could lead to my identification. Any other information obtained, however, will be used only by the fitness staff to evaluate my exercise status or needs.

### 5. Inquiries and freedom of consent

I have been given an opportunity to ask questions as to the procedures. I have read this Informed Consent form, fully understand its terms, and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name (Printed): \_\_\_\_\_

If participant is under the age of 18:

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian's Name (Printed): \_\_\_\_\_

