

PERSONAL FITNESS TRAINING INFORMED CONSENT

I hereby consent to voluntarily engage in a mutually agreed upon plan of personal fitness training. I give consent to be placed in training program activities which are recommended to me for improvement of my general health and well being. The levels of activity I perform will be based upon my individual cardiorespiratory and muscular fitness. I understand that I may be required to undergo exercise and fitness tests prior to the start of my training program in order to evaluate and assess my present level of fitness. I will be given exact personal instructions regarding the amount and kind of activity I should do. Educated and trained individuals will provide leadership to direct my activities, monitor my performance and evaluate my effort. I may be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exertion within desired guidelines. I am expected to follow instructions of the trainer with regard to exercise, generally accepted nutrition, stress management and other fitness related topics. I have already informed my trainer of any medications (over the counter and prescription) and dietary supplements I am taking and agree to inform him/her of any changes related to these substances which may occur.

I have been informed that during my participation in the above-described personal fitness training program I will be asked to complete physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar responses occur. At any time, I have the right to stop or decrease activity and have the obligation to inform my trainer of symptoms. I also understand that my trainer may decrease or stop my training program if s/he feels it in the best interest of my safety and/or benefit.

I understand that during the performance of my personal fitness program physical touching and positioning of my body may be necessary to ensure the use of proper technique and body alignment as well as to assess my kinesthetic response to specific activities. I expressly consent to physical contact initiated clearly for the above stated reasons.

I acknowledge that I have read this document in its entirety or that it has been read to me in the event that I have been unable to read. I also acknowledge that any questions I had were answered to my satisfaction.

Date

Client's Name

Client's Signature

Date

Witness Name

Witness Signature