

## Informed Consent and Release

I desire to voluntarily participate in a personal training program as designed, recommended, and supervised by \_\_\_\_\_ (personal trainer's name or facility's name).

I understand that any recommended aerobic, weight training, conditioning, or testing session(s) are designed to place an increasing workload on my body's systems, including, but not limited to, the cardiorespiratory, muscular, skeletal, tendinous, and ligamentous systems. The reactions of these systems to aerobic, weight training, conditioning, or testing session(s) cannot be predicted with complete accuracy. There is a risk of certain changes occurring during and/or following each session. These changes could include some or all of the following: muscle tears or soreness, joint pain or soreness, abnormalities of blood pressure or heart rate, ineffective heart functioning, and, possibly, heart attack and/or death. Also, risks may be encountered related to improper use of exercise equipment or by negligence of other individuals.

I further understand that not all risks can be described or included in this informed consent and release form; despite that, I still desire to voluntarily participate.

In signing this informed consent and release form, I acknowledge that I have read about and understand the risks involved; that any questions I may have have been answered to my satisfaction; that every reasonable effort has been made to ensure my safety and health; that I enter into this program willingly and understand that I may withdraw at any time; and that I shall and hereby do release and hold \_\_\_\_\_ (personal trainer's name, facility's name, or both) harmless from and against any and all loss, cost, damage, injury, liability, or expense, or claims thereof to or with respect to any injury to myself or damage or loss of my property during my participation in this program.

Furthermore, I agree to contact and see my personal health care professional for all personal medical care.

I, (print name) \_\_\_\_\_, have read the preceding information and give consent and release for the duration of my participation in this program.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Signature of parent or guardian if participant is less than 18 years old:

\_\_\_\_\_

Witness:

\_\_\_\_\_