

## INFORMED CONSENT

### **Purpose and Explanation of Service**

I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, muscular strength and endurance. A specific exercise plan will be given to me, based on my needs and abilities. All exercise prescription components will comply with proper exercise program protocols. The programs include, but are not limited to, aerobic exercise, flexibility training, and strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness.

### **Risks**

I understand, and have been informed, that there exists the possibility of adverse changes when engaging in a physical activity program. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm, stroke and very rare instances of heart attack or even death. I have been told that every effort will be made to minimize these occurrences by proper screening and by precautions and observations taken during the exercise session. I understand that there is a risk of injury, heart attack, or even death as a result of my participation in an exercise program, but knowing those risks, it is my desire to partake in the recommended activities.

### **Benefits**

I understand that participation in an exercise program has many health related benefits. These may include improvements in body composition, range of motion, musculoskeletal strength and endurance, and cardiorespiratory efficiency. Furthermore, regular exercise can improve blood pressure and lipid profile, metabolic function, and decrease the risk of cardiovascular disease.

### **Physiological Experience**

I have been informed that during my participation in the exercise program I will be asked to complete physical activities that may elicit physiological responses/symptoms that include, but are not limited to, the following: elevated heart rate, elevated blood pressure, sweating, fatigue, increased respiration, muscle soreness, cramping, and nausea.

### **Confidentiality and Use of Information**

I have been informed that the information obtained in the exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. Any other information obtained, however, will be used only by the Service Provider to evaluate my exercise status as needed.

### **E-Communications**

I acknowledge that I have been informed of and fully understand the risks, limitations, conditions of use, and instructions for use of electronic communications. I have been informed that these risks could include, but are not limited to, disruptions in service, interception of communications without approval, and unwanted storage of information by an outside source. I understand and accept the risks associated with the use of the electronic communications with the Service Provider. I consent to the conditions and will follow the instructions that were outlined, as well as any other conditions that the Service Provider may impose regarding electronic communications with clients. I acknowledge and agree to communicate with the Service Provider using these electronic communications with a full understanding of the risks in doing so.

### **Inquiries and Freedom of Consent**

I have been given an opportunity to ask questions about the exercise program. I further understand that there are also other remote health risks. Despite the fact that a complete accounting of all these remote risks has not been provided to

me, I still desire to proceed with the exercise program. I acknowledge that I have read this document in its entirety or that it has been read to me if I was unable to read. I consent to the rendition of all services and procedures as explained herein by the Service Provider.

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Date

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Witness's Signature

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Participant's Signature

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Service Provider's Signature