



Informed Consent for Physical Activity/Fitness Program

Client Contact Information :

Name: _____

Phone # mobile: (____)_____ home: (____)_____

Email: _____

Address:

City: _____ Postal Code: _____

In Case of emergency, contact: _____ Phone: _____

General Statement of Physical Fitness Program, Detailed Description of Physical Activities and Exercise:

I understand this physical fitness program may include exercises to improve the cardiorespiratory system (heart, arteries and veins (blood vessels), and lungs) the musculoskeletal system (bones, muscles, ligaments and tendons) and to improve body composition (decrease body fat, improve BMI, increase the weight by volume of muscle and bone). Exercises may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine, group aerobic activity, swimming, skipping and other aerobic activities), Muscular strength exercises may include (body weight resistance, medicine ball resistance, rubber band/tubing resistance, free weight resistance, TRX suspension resistance, exercise ball resistance, cable and muscle isolating machine resistance and other strength training

exercises) Exercises may also include flexibility activities for the purpose to improve range of motion, improve joint strength and overall posture.

Description of Potential Risks:

I understand the reaction of the cardiorespiratory system to exercise may not always be predicted with accuracy. I understand and acknowledge there is a potential risk of certain abnormal changes during or following exercise which may include abnormalities of blood pressure or heart activity, including the risk of stroke or heart attack. Use of muscular strength training equipment and engaging in muscular strength exercises may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression and safety procedures are not followed.

I understand the Certified Personal Trainer(Seller)_____ **shall not be liable** for any damages arising from personal injuries sustained by client (buyer) _____ while and during the personal training fitness program. Client (buyer) using the exercising equipment during the personal training fitness program does so at his/her own risk. Client (buyer) assumes full responsibility for any injuries or damages which may occur during the training.

General nutritional advice and or Information provided by Fitwork or the Certified Personal Trainer is based on Canada's Food Guide. Certified Personal Trainers clearly recognize their scope of practice and refer clients to other qualified exercise professionals. In Canada, the experts in nutrition are registered with Dietitians Canada. In addition, The World Health Organization is an authoritative resource for current evidence based nutrition advice. Certified Personal Trainers are not qualified to prescribe or recommend supplements of any kind.

I hereby fully and forever release and discharge Certified Personal Trainer (Seller)_____, its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree I am in good physical condition, I have no disability, impairment or ailment preventing me from engaging in active or passive exercise

that would be detrimental to the heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on the health history and or the Par Q form)

I state I have had a recent physical checkup and have my personal medical physician's permission to engage in aerobic and/or anaerobic conditioning.

Description of the Potential Benefits of a Personal Training Fitness Program:

I understand a fitness program with regular exercise for the cardiorespiratory and musculoskeletal systems have many benefits associated with it. These may include, a decreased resting heart rate, decreased risk of cardiovascular disease, increase stroke (blood) volume, decrease in blood pressure, increase strength, improved metabolic rate, improved joint strength, improved posture, improved BMI, improved flexibility, balance, coordination, and mental capacity due to the improvement in physiological function.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Signature of Buyer (Client)

_____Date_____

Signature of witness

_____Date_____