

# PERSONAL FITNESS TRAINING PROGRAM

## INFORMED CONSENT

### PROGRAM OBJECTIVES

*Personal Training:* I understand that my physical fitness program is individually tailored to meet the goals and objectives agreed upon by my personal trainer and me. *Group Training Classes:* I understand that the physical fitness program is designed to accommodate multiple individuals with varying goals and fitness levels.

### DESCRIPTION OF THE EXERCISE PROGRAM

I understand that my exercise program will involve participation in a number of types of fitness activities. These activities will vary depending upon the objectives that my personal trainer and I establish, but will probably include: 1) aerobic activities including, but not limited to, the use of treadmills, stationary bicycles, step machines, rowing machines, and bike/run trail; 2) muscular endurance and strength building exercises including, but not limited to, the use of free weights, weight machines, calisthenics, and exercise apparatus; 3) other activities selected by my personal trainer and agreed upon by me; and 4) selected physical fitness and body composition tests.

### DESCRIPTION OF POTENTIAL RISKS

I understand that no exercise program is without inherent risks regardless of the care taken by a personal trainer and that my personal safety cannot be guaranteed by my personal trainer. I realize that when participating in any exercises, particularly those that induce cardiovascular stress, there is a slight chance of serious injury (e.g., heart attack, stroke, or other cardiovascular accidents) or catastrophic incident (e.g., death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities sometimes results in minor injuries (e.g., bruises, musculoskeletal strains and sprains), less frequent, more serious injuries (e.g., muscle tears, herniated disks, torn rotator cuffs), and rarely, catastrophic injury (e.g., death, paralysis).

### DESCRIPTION OF POTENTIAL BENEFITS

I understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I know that some of the benefits can include loss of weight, reduction of body fat, improvement of blood lipids, lowering of blood pressure, improvement of cardiovascular function, reduction in the risk of heart disease, improved strength and muscular endurance, improved posture, and improved flexibility.

### PARTICIPANT RESPONSIBILITIES

I understand that it is my responsibility to 1) fully disclose any health issues or medications that are relevant to participation in a strenuous exercise program; 2) cease exercise and report promptly any unusual feelings (e.g., chest discomfort, nausea, difficulty breathing, apparent injury) during the exercise program; and 3) clear my participation with my physician.

### PARTICIPANT ACKNOWLEDGEMENTS

In agreeing to this exercise program:

- I acknowledge that my participation is completely voluntary
- I understand the potential physical risks involved in the exercise program and believe that the potential benefits outweigh those risks.
- I give consent to certain physical touching that may be necessary to ensure proper technique and body alignment.
- I understand that the achievement of health or fitness goals cannot be guaranteed.
- I have had a voice in planning and approving the activities selected for my exercise program.
- I have been able to ask questions regarding any concerns I might have, and have had those questions answered to my satisfaction.
- I am in good physical condition, have no impairment which might prevent my participation in such activities, and have been advised to consult with a physician prior to beginning this program.
- I have been advised to cease activity immediately if I experience unusual discomfort and feel the need to stop.

**I have read and understand the above agreement; I have been able to ask questions regarding any concerns I might have; I have had those questions answered to my satisfaction; and I am freely signing this agreement.**

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_____ Signature of Participant	Printed Name
_____ Date	

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_____ Signature of Trainer	Printed Name
_____ Date	