



## INFORMED CONSENT FORM

I, the undersigned, do hereby acknowledge:

- my consent to perform health related fitness appraisals consisting of, but not limited to: measurements of standing height, weight, girths, flexibility tests, strength tests, and cardiovascular fitness tests, where the results will assist in determining the type and amount of physical activity most appropriate for my level of fitness.
- my understanding that heart rate and blood pressure may be measured prior to and at completion of appraisal/ sessions
- my consent to answer questions concerning my physical activity participation and lifestyle
- my understanding that there are potential risks; i.e., episodes of transient light-headedness, loss of consciousness, abnormal blood pressure, leg cramps, nausea, and that I assume willfully those risks;
- the use of fitness, athletic and recreational facilities and equipment can be dangerous, exposing participants to many risks and hazards, some of which are inherent in the very nature of the activity itself, others which result from human error and negligence on the part of persons involved in the preparation of organization and staging of programs, classes and other activities;
- that as a result of the aforesaid risks and hazards, I as a participant may suffer serious personal injury, even death, as well as property loss;
- that I understand that neither my trainer, nor any employees, or independent contractors of Move Personal Training assume any responsibility whatsoever for my safety during the course of my preparation for or participation in the aforesaid use of fitness, athletic and recreational facilities and equipment;
- my obligation to immediately inform my trainer of any pain, discomfort, fatigue or any other symptoms that I may suffer during and immediately after my appraisal/sessions;
- my understanding that I may stop or delay any further exercise if I so desire to and that my sessions may be terminated by the trainer upon observation of any symptoms of undue distress or abnormal response
- my understanding that I may ask any questions or request further explanation or information about any exercises/procedures at any time
- that I have read, understood, and completed the Physical Activity Readiness Questionnaire (PAR-Q) and answered NO to all the questions or received clearance to participate from my physician.
- that I understand that I must abide by the rules, regulations, and guidelines set out in relation to the use of the fitness, athletic and recreational facilities and equipment and I understand that should I fail to abide by such rules, regulations and guidelines, my training sessions maybe suspended or terminated without refund.

NOTE: this form must be completed, signed, and submitted to the trainer, along with the completed PAR-Q prior to the first session. The form must be witnessed at the time of signing and the witness must be of the age of majority.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Witness \_\_\_\_\_

Date \_\_\_\_\_