

INFORMED CONSENT FOR EXERCISE PROGRAM

Explanation of the Exercise Program:

All exercise sessions will be designed based on the client's individual needs and supervised by trainers). The sessions may consist of a variety of training methods:

1) resistive training: Pilates-based method 2) aerobic conditioning (designed to place a gradual increasing work load on the cardiorespiratory system), and 3) stretching and mobility exercises (designed to increase flexibility and range of motion).

Although the program is designed to increase overall fitness, no guarantee of improvement can be made. However, results generally will occur best and fastest on a three times per week basis and adherence to healthy life style choices.

Discomforts and Risk of the Exercise Program:

You may be a little sore or fatigued after you begin your exercise program. As you improve, these minor discomforts should decrease. However, if these symptoms persist you should consult your physician. It is noticed however, that when you change your program, do a new type of exercise or increase intensity, you may again experience minor discomforts.

The reaction of the cardiovascular system to exercise cannot always be predicted with complete accuracy. Therefore, there is a risk of certain changes occurring during or following exercise. These changes can include abnormalities of blood pressure or heart rate, and in rare cases cardiac complications. Should you experience any adverse signs or symptoms, they should be reported immediately to your trainer so that modifications in the exercise regimen can be made and/or immediate measures taken. Every effort is made to avoid any adverse reactions by the use of the health and personal history questionnaire (which you have filled out), the interview I conduct and by observations during the exercise sessions.

INQUIRIES:

Before signing this form, please feel free to ask any questions regarding any aspect of this program that may be unclear to you. Take as much time as necessary to think it over.

I have read and understand the above.

I have volunteered to participate in a program of progressive physical exercise.

Client's Signature: _____ Date: _____

A physician's examination should be obtained by all participants prior to involvement in the exercise program. If a participant refuses to obtain a physician's permission, s/he must sign the following statement:

I have been informed of the need for a physician's approval for participation in a progressive exercise-fitness program. I fully understand the strenuous nature of the program.

Client's Signature: _____ Date: _____