

MESSAGE AND FITNESS PROFESSIONALS OF THE TREASURE COAST

CONSENT FOR EXERCISE PROGRAM

Exercise Objectives: The purpose of an exercise program is to develop and maintain cardio respiratory fitness, muscular, strength and endurance, body composition, and flexibility. These recommendations follow national industry standards and should be conducted under the supervision of a trainer with a minimum of a national certification.

Procedures: A structured exercise program based on individual needs (obtained fitness assessment information), interest, and/or physician's recommendations will be given to each participant. Exercises may include aerobic activities treadmill, walking/running, cycling, rowing machine exercise, step, group aerobic activity, and other such activities. Calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercise to improve joint range of motion. All aerobic programs involve a warm-up, exercise at target heart rate, and cool down components.

Potential Risks: All exercise programs/testing are designed to place a gradually increasing work load on the cardio respiratory and musculoskeletal systems in order to effect improvements. The body's reaction to gradually increasing exercise activities cannot be predicted with complete accuracy. Unusual changes during or following an exercise session may occur. These may include muscular or joint injury, abnormal blood pressure, fainting, disorders of heart beat, and/or very rare instances of heart attack or death.

Potential Benefits: Benefits obtained from a structured and regularly employed exercise program might include a more efficient cardio respiratory system, an improved musculoskeletal system, a decrease in blood fats, an improvement in psychological function, and a decrease in the risk of heart and other diseases.

Supervision: The facility and all of the certified personal trainers working for the facility shall not be held responsible for injuries and/or damages that occur when the facility and/or individuals are not supervised by the personal trainers or during non-operational hours.

Confidentiality: All participant exercise program information will be treated as privileged and confidential and will not be revealed to any person (other than the personal trainer involved in the participant's exercise program) without the expressed written consent. Obtained information, however, maybe used for statistical or scientific purposes with right to privacy retained.

Inquiry and Freedom of Consent: I have read the foregoing and I understand the objectives, procedures, potential risks and benefits, supervision issues, and confidentiality involved. Unless otherwise indicated under the "Questions/Comments" section below, I certify that I am in good health and have no condition that would limit/prohibit my participation in a structured exercise program. I understand that if there are any questions about the procedures or methods used during an exercise session, I should ask the assigned personal trainer. I realize that injury may result from improper exercise techniques or misuse of exercise facilities or equipment. I agree to be attentive to all instructions given to me and to exercise and use facilities and equipment correctly. I assume responsibility for monitoring my own condition throughout the exercise program and should any unusual symptom's occur, I will cease my participation and inform the facility and the personal trainer assigned. I shall also notify the facility and the personal trainer assigned of any changes in my medical status. I consent to the administration of any immediate resuscitation measures deemed advisable by the facility or other qualified personnel.

Questions/Comments: _____

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I have read and understand the above information and voluntarily consent to participate in a structured exercise program. I realize that I am free to terminate the exercise program at any time.

Printed Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____