



**WHOLE BODY FITNESS
INFORMED CONSENT ACKNOWLEDGING RISKS**

I hereby consent to voluntarily engage in an acceptable plan of exercise conditioning. I understand that no exercise program is without inherent risks and that, regardless of the care taken by my personal trainer, he or she cannot guarantee my personal safety.

I understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I consent to being placed in program activities which are recommended to optimize said benefits. Whole Body Fitness reserves the right to require participants in their program wear a Fitness Heart Rate Monitor.

I understand that it is my responsibility to fully disclose to my trainer any health issues or medications that are relevant to participation in a strenuous exercise program, inform the trainer if there are activities with which I do not feel comfortable, to cease exercise and report promptly any unusual feelings (e.g. chest discomfort, nausea, difficulty breathing, apparent injury, etc.) to my trainer and to clear my participation in any exercise program with my physician.

I understand that I am expected to attend every scheduled session and to follow instructions. I understand the potential physical risks involved in the exercise program and believe that the potential benefits outweigh the risks. I understand that the achievement of health and fitness goals cannot be guaranteed. I have had a voice in planning and approving the activities selected for my exercise program.

I have either provided a medical release from my physician to my trainer or have refused to obtain said medical release fully acknowledging the risks associated with the exercise regimens voluntarily being undertaken with my trainer. I am in good physical condition and have no impairments which might prevent my participation in exercise activities and have been advised to consult a physician prior to beginning this program.

I have been informed that the information that is obtained in this exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent.

I acknowledge and represent that I am 18 years of age or older and have read and understand the contents of this document. I have been made fully aware of and understand the potential risks involved in exercise programs. I hereby consent to those risks and freely and voluntarily agree to participate in an exercise program offered by Whole Body Fitness. I am freely signing this Agreement.

Participants Signature

Date

Participants Name