



**WHOLE BODY FITNESS
INFORMED CONSENT ACKNOWLEDGING RISKS for Minor**

I, _____ parent or guardian, hereby consents for _____ (minor's name) 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 the personal trainer, he or she cannot guarantee my child's 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 have my child to be 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 the trainer any health issues or medications that are relevant to my child's participation in a strenuous exercise program, and have the child inform the trainer if there are activities with which the child does not feel comfortable, to cease exercise and report promptly any unusual feelings (e.g. chest discomfort, nausea, difficulty breathing, apparent injury, etc.) to their trainer and to clear the child in any exercise program with my physician.

I understand that the child is 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 either provided a medical release from the child's physician to the trainer or have refused to obtain said medical release fully acknowledging the risks associated with the exercise regimens voluntarily being undertaken by the minor with my trainer. My child is in good physical condition and has no impairments which might prevent them participation in exercise activities and have been advised to consult a physician prior to them beginning in 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 for my child to those risks and freely and voluntarily agree for them to participate in an exercise program offered by Whole Body Fitness. I am freely signing this Agreement.

Parent or Guardian's Signature

Date

Parent or Guardian's Printed Name