



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Informed Consent for Exercise and Personal Training

- I desire to engage voluntarily in the YMCA exercise and personal training program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardio respiratory system and to thereby attempt to improve its function. The reaction of the cardio respiratory system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during of following the exercise. These changes might include might include abnormalities of blood pressure of heart rate.
- I understand that the purpose of the exercise and personal training program is to develop and maintain cardio respiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise plan will be given to me, based on me needs and interests and my doctor's recommendations. All exercise programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.
- I understand that I am responsible for monitoring my own condition throughout the exercise and personal training program, and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.
- In signing the consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise and personal training program. I also affirm that my questions regarding the exercise and personal training program have been answered to my satisfaction.
- In the event that a medical clearance must be obtained prior to my participation in the exercise and personal training program, I agree to consult my physician and obtain written permission from any physician prior to the commencement of any exercise program.
- Also, in consideration for being allowed to participate in the YMCA exercise and personal training program, I agree to assume risk of such exercise, and further agree to hold harmless the YMCA and its staff members or volunteers conducting the exercise and personal training program from any and all claims, suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

Signature of Participant

Date

Please Print:

Name _____ Age _____ Gender _____

Address _____

Street

City

State

Zip

Home Phone ___ - ___ - _____ Cell ___ - ___ - _____

Name of personal physician _____ Phone ___ - ___ - _____

Physician's Address _____

Limitations and Medications

