

MEDICAL RELEASE FOR PERSONAL FITNESS / ATHLETIC TRAINING

NAME OF PARTICIPANT / ATHLETE : _____

EMAIL ADDRESS: _____

PHONE NUMBER : _____

I hereby consent to voluntarily engage in personal fitness training and to be placed in a training program involving recommended activities for improvement of my general health and well-being. I have been informed that during my participation in this personal fitness training, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. I hereby state that I agree to inform the trainer of my symptoms, should they develop, decrease or stop exercise completely. If I am taking any prescribed medications, I have already informed the trainer and further agree to so inform them promptly of any changes my doctor or I make with regard to the use of them.

I understand and have been informed that there exists the remote possibility of adverse changes occurring during exercise. I have been told that every effort will be made to minimize bodily injury by proper training assessments before each condition. I fully understand the risks associated with exercise, but knowing the risks, it is my desire to participate as herein indicated.

I recognize that involvement in the exercise sessions and personal fitness training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform optimally in my daily activities.

I have been informed that the information obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my expressed written consent. I also agree to the use of any information for the purpose of consultation with other health / fitness professionals.

I have been given the opportunity to ask certain questions as to the procedures of this program. I further understand that there are also other remote risks that may be associated with this personal fitness program. I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I expressly consent to the rendition of all services and procedures as explained herein by the trainer.

DATE : _____

PARTICIPANTS SIGNATURE

DATE : _____

PARENT/GUARDIAN IF UNDER 18