



## Informed Consent Form for Physical Fitness Program

### General Statement of Program Objectives and Procedures:

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and/or to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities to improve and maintain cardiovascular endurance (treadmill, walking, running, bicycle riding, rowing machine exercises, group aerobic activity, swimming and other aerobic activities), calisthenics exercises, and weight lifting to improve and maintain muscular strength and endurance, and flexibility exercises to improve and maintain joint range of motion.

### Description of Potential Risks:

- I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy.
- I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks.
- I understand that use of the weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if safety procedures are not followed.
- I understand that the Personal Trainer and Temple University Campus Recreation shall not be liable for any damages arising from personal injuries sustained by the client while and during the personal training program.
- Client using the exercising equipment during the personal training program does so at his/her own risk.
- Client assumes full responsibility for any injuries or damages which may occur during the training.
- I hereby fully and forever release and discharge Temple University Campus Recreation, its assigns and agents from all claims, demands, damages, rights of action, present and future therein.
- I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to safety, comfort, or physical condition if I engage or participate (other than those items fully discussed on health history form).
- I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.
- I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date \_\_\_\_\_