

GETMOOREFITNESS
INFORMED CONSENT FORM

Name: _____

Address/City/Zip: _____

Cell Phone: _____ Email: _____

GENERAL STATEMENT OF PROGRAM OBJECTIVES AND PROCEDURES:

I understand that this physical fitness program includes exercises to build the cardio-respiratory system (heart and lungs), the musculoskeletal system (muscular strength, endurance and flexibility), and to improve body composition (decrease body fat improve muscle mass). Exercise may include aerobic activities, callisthenic exercises, and weight lifting.

DESCRIPTION OF POTENTIAL RISKS:

I understand that the reaction of the heart, lungs, 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. Use of weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and/or injury in adequate warm-up, gradual progression, and safety procedures are not followed. I understand that GetMooreFitness shall not be liable for any damages arising from personal injuries sustained by my involvement in prescribed personal training services and programs. I understand that I am using the exercise equipment assigned during prescribed personal training services and programs at my own risk. I assume responsibility for any injuries and damages which may occur as a result of my participation in prescribed personal training services and programs.

I hereby fully and forever release and discharge GetMooreFitness, its assigns and agents, from all claims, demands, damages, rights of action, both 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 my heart, safety, comfort, or physical condition if I engage and participate (other than those areas fully disclosed and discussed on my Health History Questionnaire).

I state that I have had a recent physical check and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

DESCRIPTION OF POTENTIAL BENEFITS:

I understand that a program of regular exercise for the heart, lungs, muscles, and joints has many benefits associated with it. These may include a decrease in body fat, weight loss, improvements in blood fats and blood pressure, improvement in physiologic function, and decrease risks in heart disease.

I have read the foregoing information and verify I fully understand it. Any questions, which may have occurred to me, have been answered to my satisfaction.

Signature: _____ Date: _____