

ADVANTAGE PERSONAL TRAINING

Assumption of Risk & Informed Consent Agreement

READ CAREFULLY BEFORE SIGNING

I desire to engage voluntarily in exercise and/or personal training programs provided by Advantage Personal Training and its contractors, in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradual increasing workload on the cardio respiratory system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur strenuous nature of the exercise testing and program and the potential for unusual, but possible physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack, stroke, or death.

I understand the purpose of an exercise program is to develop and maintain cardio respiratory fitness, body composition, flexibility, and muscular strength and endurance. I am aware that all exercise programs include a warm-up, exercise at target hear rate and/or "somewhat hard" perceived exertion rating, and a cool-down. The programs may involve exercising outdoors or on cardiovascular equipment, cycling, swimming, stair climbing, jogging, participation in flexibility and progressive resistance (strength) training, etc. All 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 type, target heart rate, and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise testing and program and should any unusual symptoms occur, I will cease my participation and inform my trainer of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise testing and program. I also affirm that my questions regarding the exercise testing and program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise testing and/or programming.

Also, in consideration for being allowed to participate in Advantage Personal Training and its contractor's exercise and /or personal training programs, I agree to assume the risk of such exercise and further agree to hold harmless Advantage Personal Training and its contractors 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.

I understand that without twenty-four hour cancellation notice that I will be charged for a session with out benefit of a rescheduled session. (NOTE: Emergencies will not be charged).

1. I hereby certify that I have no known existing or pre-existing condition(s), medical or otherwise, that would prohibit or in any way prevent my participation in this program.
Received Physician Clearance dated. _____.
2. I here by certify that I have read all of this consent and fully understand all the same, and in witness whereof I have executed this release this _____ day of _____.

Releasing Party: _____
Printed Name of Participant

Signature of participant Date

Witness: _____
Printed Name of Witness

Signature of Witness Date