

Description of the Exercise Program and Potential Risks:

I understand and consent to participate in a fitness training program that will include resistance training, plyometrics, **stretching** and/or cardiovascular exercises. I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to occasional minor injuries (e.g. pulled muscles, muscle soreness, muscular-skeletal strains and sprain, bruises) to infrequent serious injury (e.g., heart attack, stroke or other cardiovascular accidents, muscle tears) to the very rare catastrophic incident (e.g., death, paralysis). I acknowledge that regardless of the care taken by my trainer who will provide instruction that is safe, that he or she cannot guarantee my personal safety.

Participant Responsibilities:

I understand it is my responsibility to 1) fully disclose any health issues (including diabetes, heart problems, seizures, and asthma) or medications that are relevant to participation in a strenuous exercise program; 2) inform the trainer if there are changes to my health, including injuries and sickness 3) inform the trainer if there are activities with which I do not feel comfortable; 4) cease exercise and report promptly any unusual feelings (e.g., chest discomfort, nausea, difficulty breathing, apparent injury) during the exercise program; and 5) Clear my participation with my physician.

Participant Acknowledgments:

In agreeing to this exercise program, I, the participant 1) acknowledge that my participation is completely voluntary; 2) understand the potential physical risks involved in the exercise program and believe that the potential benefits outweigh those risks; 3) give consent to certain physical touching that may be necessary to ensure proper technique and body alignment; 4) understand that the achievement of health or fitness goals cannot be guaranteed; 5) have been able to ask questions regarding any concerns I might have, and have had those questions answered to my satisfaction; 6) am in good physical condition, have no impairment which might prevent my participation in such activities, and have been advised to consult a physician prior to beginning this program; 7) have been advised to cease exercise immediately if I experience unusual discomfort and feel the need to stop.

I have read and understand the above agreement. I have been made fully aware of and understand the potential risks involved in this physical fitness program. I hereby consent to those risks and am freely and voluntarily participating in the program.

Finally, I am freely signing this agreement.

Signature & Date required (if under 18, parent signature required) _____

PAR Q—Physical Activity Readiness Questionnaire

Regular physical activity is fun and healthy and being more active is very safe for most people. If you answer YES to any of the following questions, talk to your physician about the implications of becoming more physically active by participating with YHS Trainers and their programs.

Do you have any injuries currently? What are they? Please state: _____

Please state any previous injuries: _____

I have read and answered NO to all of the above questions or answered YES to one or more questions and have approval from my physician to participate.

Signature & Date required (if under 18, parent signature required) _____

Printed Name: _____

Email: _____

Address: _____

Emergency contact/Phone: _____