

ONLY THE STRONG FITNESS

INFORMED CONSENT

EXPLANATION OF EVALUATION AND SERVICE

I understand I will be screened and tested for an overall level of fitness for the purpose of developing a personalized, specific exercise plan. Resting measurements may include, but are not limited to: resting heart rate, height, weight, blood pressure, flexibility, and body composition. Active measurements may include, but are not limited to: muscular strength and endurance, power, speed, agility, and cardiorespiratory fitness. The active tests will begin at a level I can easily accomplish and will be advanced in stages. We may stop any of the evaluations at any time that I wish because of fatigue or discomfort. All exercise prescription components will comply with proper industry protocols. Programs may include, but are not limited to: aerobic exercise, flexibility training, and strength training.

RISKS AND DISCOMFORT

I understand, and have been informed, that there exists the possibility of adverse changes when engaging in the fitness evaluation and the exercise program. Some of these changes can be abnormal blood pressure, fainting, disorders of heart rhythm, stroke, and, in very rare instances, heart attack or even death. I understand that every effort will be made to minimize these occurrences via proper screening, precautions, and observations during periods of exertion. I understand there is a risk of injury, heart attack, or even death as a result of my participation in an exercise program, but it is still my desire to partake in the recommended activities.

BENEFITS

I understand that participation in an exercise program has many health related benefits. The information obtained during screening and testing will gauge fitness level and be used to develop an effective, goal-oriented fitness program. I may see improvements in body composition, range of motion, muscle strength and endurance, and cardiorespiratory fitness. Regular exercise can also improve blood pressure, lipid profile, metabolic function, and decrease risk of cardiovascular disease.

CONFIDENTIALITY

I understand that the information obtained during my screening, testing, and any following exercise sessions will be treated as privileged and confidential and will not be released to any other person without my written consent.

INQUIRIES AND FREEDOM OF CONSENT

I understand I may ask questions or raise concerns at any time about the testing and subsequent exercise program. I also understand that there are other remote health risks to participation and, despite not having been provided a complete account of all the remote risks, I still desire to continue with participation. My participation is voluntary and I am free to change my mind and deny consent at any time. I have read this document in its entirety or had it read to me if I was unable to read it. I understand the test procedures I will be asked to perform. I consent to participate in screening and testing procedures and the rendition of all services as explained by the provider.

Client's Signature

_____, MS, ATC, NSCF-CPT

Provider's Signature

Date

Date