
Informed Consent Agreement for Personal Training

1. Explanation of the session

Your training sessions will involve progressive exercise levels regulated by your personal trainer.

The session may consist of any combination of cardiovascular exercise, resistance training, circuit interval training, martial arts, flexibility, or similar activities.

These activities are designed to place a gradually increasing work load on the body and, therefore, improve its functioning although no guarantee of improvement can be made.

During and/or after the exercise session you may experience localized muscular soreness or slight fatigue. These minor discomforts are more likely to appear in the early stages of the program. As the conditioning process continues with regular exercise, however, these discomforts should disappear.

IF YOU FULLY UNDERSTAND AND AGREE, please initial _____

2. Risks and discomforts of the exercise session

The reaction of the cardiovascular system to such activities cannot always be predicted with complete accuracy; therefore, there is the risk of certain changes occurring during or following the exercises.

These changes include abnormalities of blood pressure, fainting, disorder of heartbeat, and in rare instances, heart attack, stroke or death.

A physician will not be present during the exercise session, however, instruction regarding the signs and symptoms of adverse reaction or responses to exercise will be provided before participating in the exercise session. Should you observe any adverse signs or symptoms, they should be reported and appropriate modification in the exercise regimen will take place.

Every effort will be made to avoid any adverse reactions by the PAR-Q, the health/medical questionnaire and by the observations made during the exercise session. Personnel trained in cardiopulmonary resuscitation (CPR) will be available to deal with and minimize the risk of unexpected events should they occur.

IF YOU FULLY UNDERSTAND AND AGREE, please initial _____

3. Confidentiality

The information based on the observations made during the exercise session is treated as privileged and confidential; however, it may be used for statistical or scientific purposes with your right to privacy retained.

IF YOU FULLY UNDERSTAND AND AGREE, please initial _____

4. Inquiries

You may refuse to participate now or stop at any time during the exercise session. It is your decision. Before signing this form, please feel free to ask any questions regarding any aspect of this program that may be unclear to you. Take as much time as necessary to think it over and, if you wish, you may discuss your participation with your doctor.

IF YOU FULLY UNDERSTAND AND AGREE, please initial _____

5. Center Policies

Cancellations/ Lateness

I understand that I may cancel any appointment with my trainer by giving him/ her 24 hours notice. I also understand that failure to provide 24 hours cancellation notice will result in my being charged my full session fee. In the event of a “no show” or unauthorized schedule change, I realize that I am responsible for paying for that session.

IF YOU AGREE, please initial _____

Also, knowing that abbreviated workout sessions lead to greatly decreased benefits, I understand that lateness of more than fifteen minutes qualifies as a “no show”, and I am responsible for paying the full session fee.

IF YOU AGREE, please initial _____

Expiration Dates

All personal training packages are scheduled in advance at the time of purchase; these dates help increase exercise adherence and greatly improve the possibility of positive results. You have committed to training ____x per week, for _____ weeks. Your package will expire on _____. No refunds will be made.

IF YOU AGREE, please initial _____

I am voluntarily participating in the personal training program that has been explained to me verbally and in writing. I am aware of my own current level of health and physical condition. I am also aware that participating in any exercise program has inherent risks. I agree I will contact my physician if I need any medical attention.

By signing below, I understand and agree to the terms of the agreement above.

Client's Name

Client's Signature

Date

Trainer's signature