

Informed Consent for Exercise Participation and Testing

I hereby consent to engage voluntarily in the exercise testing and fitness program at the Fitness Center in order to determine my circulatory and respiratory fitness and to improve my physical fitness. A specific exercise plan will be given to me based on my needs, interests and possibly my doctor's recommendations. Exercise may include aerobic and strength activities as well as flexibility exercises. 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 prior to my admittance as a member of the Fitness Center. I will only perform those exercises prescribed for me.

Before I undergo the test or fitness program, I certify that I am in good health and have had a physical examination within the last _____ months. Further, I hereby represent that I have completed the Health History form and have provided correct responses to the question on this form. I recognize that my failure to do so could lead to possible unnecessary injury to myself. I am told that the test I will undergo will be performed on a piece of cardiovascular equipment that suits my preference and comfort. I understand that during this test intensity will gradually be increased until symptoms such as fatigue, shortness of breath, or chest discomfort may appear, indicating to me that I should stop. I understand that I am responsible for monitoring my own condition throughout the exercise test or fitness program and should any unusual symptoms occur, I will cease my participation and inform the Fitness Center staff of my symptoms. I understand that the reaction of my heart, lungs, and blood vessels to such 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 rate, ineffective function of the heart and in rare instance, heart attack or death. Use of strength equipment can lead to musculoskeletal strains, pain and injury if adequate safety procedures are not followed. 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 program. I also affirm that my questions regarding the exercise program have answered to my satisfaction.

Also, in consideration for being allowed to participate in the Fitness Center program, I agree to assume the risk of such exercise, and further agree to hold harmless _____, it's staff members and affiliates who supervise the exercise program 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 at the Fitness Center.

(Print Name and Signature of Participant)

(Date)

Participate Activity Readiness Questionnaire

1. Has a doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor? Yes No
2. Do you feel pain in you chest when you do physical activity? Yes No
3. In the past month, have you had chest pain when you are not doing physical activity? Yes No
4. Do you lose your balance because of dizziness or do you ever lose consciousness? Yes No
5. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? Yes No
6. Do you have a bone or joint problem that could be made worse by a change in your physical activity? Yes No
7. Do you know of any other reason why you should not do physical activity? Yes No

**If you are over 69 years of age, and your re not used to being very active, check with your doctor.

Medications

Please list all medications (including herbs and vitamins) that you are currently taking:

Name of Medication:

Amount:

Taken for:

Name of Medication:	Amount:	Taken for:

Do any of your medications affect your heart rate? If you are uncertain, please consult your physician.

(Please turn page over)

I have reviewed these questions and answered them to the best of my ability. I understand materials will be reviewed and I may be asked to see my doctor before participating in Activities.

Date of Birth: _____ Age: _____

Signature: _____ Date: _____

Print name: _____

Witness Signature: _____

Medical Clearance Form

Dear Doctor:

During application for enrollment at the Fitness Center, your patient _____ completed a Health History and Activity Profile Form.

Information on this form indicates your patient will require a physician's clearance form.
The patient has indicated the following health risk(s):

The patient's exercise program will take place in the Fitness Center located in _____ and will be administered by qualified personnel trained in conducting exercise programs. If you know of any medical, or other reasons why participation in the Fitness Center by the applicant would be unwise, please indicate so on this form. By completing the form below you are not assuming any responsibility for your administration of the exercise program.

REPORT OF PHYSICIAN

Please check one:

- I know of no reason why the applicant may not participate.
- I believe the applicant can participate but I urge caution because:
(Please list limitations)

- The applicant should not engage in the following activities:

- I recommend that the participant NOT participate.

Information other than what is requested is also greatly appreciated. Thank you in advance for your recommendations and support of this individual.

Physicians Signature _____ Date _____
Address _____ Phone _____
City and State _____ Zip _____

Please return Medical Clearance Form to:

- Fitness Center:
- Address:
- Phone:
- FAX:

MEDICAL RECORDS RELEASE AUTHORIZATION

I give permission to release any medical information that may be beneficial for preparing an exercise program to the Fitness Center.

Patient Signature _____ Date _____
Patient Name _____
