



## Informed Consent

**Warning - This is an important document, which affects your legal rights and obligations. Please read carefully and do not sign unless you understand it. If you have any questions, please ask.**

### Exercise Benefits

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance.

### Exercise Risks

I recognise that exercise carries some risks including but not limited to the musculoskeletal system (sprains, strains, broken bones, etc) and the cardio respiratory system (dizziness, discomfort in breathing, heart attack, etc). I hereby certify that I know of no medical problem (except those noted in Beach Fit Personal Training Medical Questionnaire) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

1) I, \_\_\_\_\_, wish to participate in the exercise and training program offered by Beach Fit Personal Training. I understand there are inherent risks in participating in a program of strenuous exercise, not limited to those listed above. I agree that Beach Fit Personal Training or any of their contracted third party trainers, shall not be liable or responsible for any injuries to me resulting from my participation in a fitness program (whether at home, outdoors, or at a corporate, commercial, residential or other fitness facility) and I expressly release and discharge Beach Fit Personal Training owners, employees, agents and/or assigns, from all claims, actions, judgments and the like which I or my heirs, executors, administrators or assigns may have or claim to have as a result of any injury or other damage which may occur in connection with my participation in the fitness program, excepting only an injury caused by the gross negligence or intentional act of such person or persons. This Release shall be binding upon my heirs, executors, administrators and assigns.

2) I certify that the answers to the questions outlined on the PARQ form are true and complete to the best of my knowledge. I acknowledge that medical clearance has been attained if required under the results of the PARQ or if requested by Beach Fit Personal Training staff. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

3) I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer.

4) I understand that the usage of any nutritional supplements or changes in diet are done under my own will and has not been prescribed by my Personal Trainer. I shall inform my trainer of any nutritional supplements which I am taking that may affect my performances, hydration levels or increase my risk of injury or illness.

5) I understand that all Personal Trainers at Beach Fit Personal Training are certified professionals and if they feel I am performing an activity that may be putting myself or others at risk they have the right to ask me to stop. If I refuse Beach Fit Personal Training staff have the right to immediately end my training session.

I have read this Informed Consent and I understand all of its terms. I sign it voluntarily and with full knowledge of its significance.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_