Informed Consent for Exercise of Apparently Healthy Adults

It is my understanding that there exists the possibility of adverse changes during the actual training. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm and very rare instances of heart attack or even death. These risks include, but are not necessarily limited to, the possibility of stroke or other cerebrovascular incident or occurrence; mental, physiological, motor, visual or hearing injuries, deficiencies, difficulties or disturbances; partial or total paralysis; slips, falls, or other unintended loss of balance or bodily movement related to the exercises performed which may cause muscular, neurological, orthopedic, or other bodily injury; as well as a variety of other possible occurrences, any one of which could conceivably, however remotely, cause bodily injury, impairment, disability or death. Any procedure such as this one carries with it some risk however unlikely or remote. THERE ARE ALSO OTHER RISKS OF INJURY, IMPAIRMENT, DISABILITY, DISFIGUREMENT, AND EVEN DEATH. **I ACKNOWLEDGE AND AGREE TO ASSUME ALL RISK**. I also agree to write all questions I have at this time on the space provided below about personal training and the risks involved. Trainer agrees to write answers of all questions on space below and on accompanying page if applicable.

Printed Name of Participating Client | Date | Signed Name of Participating Client

Printed Name of Personal Trainer | Date | Signed Name of Personal Trainer