

Personal Training with Gemma Hughes Informed Consent Agreement

Program Objectives:

I, _____, understand that my physical fitness program is individually tailored to meet my goal and objectives agreed upon by my personal trainer and myself. I understand, however, that my personal trainer cannot guarantee that I will accomplish the goal that I establish. My program goals include (please initial all that apply):

<input type="checkbox"/> Cardiovascular improvement	<input type="checkbox"/> Improved muscular endurance
<input type="checkbox"/> Increase strength	<input type="checkbox"/> Improved flexibility
<input type="checkbox"/> Decreased body fat	<input type="checkbox"/> Weight loss
<input type="checkbox"/> Other (list) _____	

Description of the Exercise Program:

I understand that my exercise program will involve participating in a number of types of fitness activities. These activities will vary depending upon my established objectives, but will probably include:

- 1.) Aerobic activities, including but not limited to, the use of treadmills, stationary bicycles, step machines, rowing machines, and elliptical.
- 2.) Muscular endurance and strength building exercises, including but not limited to, the use of free weights, weight machines, calisthenics and other exercise apparatus.
- 3.) Other activities selected by my personal trainer and agreed upon by me.
- 4.) Selected physical fitness test and body composition tests.

Description of Potential Risks:

My personal trainer has explained to me that no exercise program is without inherent risks and that, regardless of the care taken by my personal trainer, she cannot guarantee my personal safety.

For example, when one induces cardiovascular stress through activity, injuries can range from occasional minor injury (e.g. pulled muscles, muscle soreness) to infrequent serious injury (e.g. heart attack, stroke, or other cardiovascular accidents) to the very catastrophic incident (e.g. death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities occasionally results in minor injuries (e.g. bruises, musculo-skeletal sprains and strains), infrequently, more serious injuries (e.g. muscle tears, herniated discs, torn rotator cuffs), and very rarely, catastrophic injury (e.g. death, paralysis).

I realize that when participating in exercises or conditioning activity, there is always a possibility that minor injuries, major injuries, or catastrophic injuries/death may occur.

Initial _____ Date _____

Description of Potential Benefits:

I understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I know that some of the physiological benefits of a regular exercise program can include loss of weight, reduction of body fat, improvement of blood lipids, lowering of blood pressure, improvement of cardiovascular function, reduction in risk of heart disease, improved strength and muscular endurance, improved posture and improved flexibility. I further understand that regular exercise can have psychological benefits, often improving one's outlook and feeling to well being, as well as relieving tension and stress.

Client Responsibilities:

I understand that it is my responsibility to:

- 1.) Fully disclose any health issues (including diabetes, heart problems, seizures, and asthma) or medications that are relevant to participation to a strenuous exercise program.
- 2.) Inform the trainer if there are activities with which I do not feel comfortable.
- 3.) Cease exercise and report promptly any unusual feelings (e.g. chest discomfort, nausea, difficulty breathing, apparent injury) during the exercise program.
- 4.) Clear my participation with my physician.

Client Acknowledgements:

In agreeing to this exercise program, I, the client:

- Acknowledge that my participation is completely voluntary.
- Understand the potential physical risks involved in the exercise program and believe that the potential benefits outweigh those risks.
- Give consent to certain physical touching that may be necessary to ensure proper technique and body alignment.
- Understand that the achievement of health or fitness goals cannot be guaranteed.
- Have had a voice in planning and approving the activities selected for my exercise program.
- Have been able to ask questions regarding any concerns I might have, and have had those questions answered to my satisfaction.
- Am in good physical condition, have no impairment which might prevent my participation in such activities and have been advised to consult a physician prior to beginning this program.
- Have been advised to cease exercise immediately if I experience unusual discomfort and feel the need to stop.

Initial _____ Date _____

I have read and understand the above agreement. I have been made fully aware of and understand the potential risks involved in this physical fitness program. I hereby consent to those risks and am freely voluntarily participating in this program. Finally, I am freely signing this agreement.

Client's printed name

Client's signature

Date

Signature of Trainer
Gemma R. Hughes

Date

Initial _____ Date _____