

Informed Consent for Exercise Testing and Personal Training

I hereby voluntarily give consent to engage in a fitness test/assessment and/or fitness training. I understand that the cardiovascular fitness test may involve progressive stages of increasing effort and that at any time I may terminate the test for any reason. I understand that during some tests I may be encouraged to work at maximal effort and that at any time I may terminate the test for any reason.

I understand there are certain changes which may occur during the exercise testing and training. They include abnormal blood pressure, fainting, disorders of heart beat, shortness of breath and in very rare instances heart attack. I understand that every effort will be made to minimize problems by preliminary examination and observation during testing and training.

I understand I will be responsible for monitoring my own condition throughout testing and training, and should any unusual symptoms occur, I will ease my participation and inform the test administrator or trainer of the symptoms. Unusual symptoms include, but are not limited to; chest discomfort, nausea, difficulty in breathing, and joint or muscle injury/pain.

Also, in consideration of being allowed to participate in the fitness tests and in fitness training, I agree to assume all risks of such fitness testing and training and hereby release and hold harmless Taylor Rehab *physical therapy & fitness dynamics* and their employees from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessments and training.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Name _____ Date _____

Witness _____ Date _____