

Informed Consent Form for Physical Fitness Program

Client Contact Information:

Name: _____ Phone: _____ Email: _____

Full Address: _____

Emergency contact: _____ Phone: _____

General Statement of Program Objectives and Procedures:

I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercises, group aerobic activity, swimming and other aerobic activities), callisthenic exercises, and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to 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 attacks. Use of the weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that personal trainer (seller) shall not be liable for any damages arising from personal injuries sustained by client (buyer) while and during the personal training program. Client (buyer) using the exercising equipment during the personal training program does so at his/her own risk. Client (buyer) assumes full responsibility for any injuries or damages which may occur during the training.

I hereby fully and forever release and discharge personal trainer (seller), its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercises that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on health history form).

I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

Description of Potential Benefits:

I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction.

Signature of Buyer _____ Date _____

Signature of Witness _____ Date _____

Health History Questionnaire

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I. Personal Information:

First name: _____ Last name: _____

Date of birth: _____

Height: _____ Weight: _____

Phone (cell / home / work): _____

Highest education: (high school / college / graduate) Occupation: _____

Family physician: _____ Phone: _____

II. Additional Information:

Have you exercised within the past 6 months? Yes No

Have you previously participated in any structured fitness program? Yes No

Are you currently dieting? Yes No

Cigarettes smoked per week: _____

Alcoholic drinks consumed per week: _____

Cups of coffee or tea consumed per week: _____

Cans of soda drinks consumed per week: _____

III. Health History Part 1: Indicate any diseases or illnesses you have had or currently have:

Asthma Allergies Arthritis Back Condition High Blood Pressure
 Low Blood Pressure Bursitis Fatigue Joint Pain Ulcers Heart
Condition Hemorrhoids Hernia Nervous Tension Sinus Varicose Veins
 Epilepsy Shortness of Breath Diabetes HIV Other

IV. Health History Part 2: Do you have or have you ever had:

Yes No

Have you ever been hospitalized
 Heart Attack or Heart Trouble
 Chest Pain or Angina Pectoris
 Coronary Bypass or Angioplasty
 Abnormal Exercise Stress Test
 Heart Murmur (suggesting a heart abnormality)
 Irregular Heart Beat or Rhythm (suggesting a heart abnormality)
 High Blood Pressure Above 140/90
 Impaired Circulation
 Stroke
 Convulsions or Loss of Consciousness
 Diabetes Mellitus
 High Blood Cholesterol Level
 If female - are you pregnant
 Do you smoke or have you used any tobacco product for a total of 10 years
 Musculoskeletal Limitations of Movement
 Difficulty Breathing / Shortness of Breath
 Arthritis, Rheumatism
 Knee Problems
 Hip Problems
 Shoulder Problems

Health History Questionnaire

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- _____ Foot problems
- _____ A chronic, recurrent or morning cough
- _____ Any episode of coughing up blood
- _____ Increased anxiety or depression
- _____ Swollen, stiff or painful joints
- _____ Back Pain (Herniated or ruptured Disc)
- _____ Surgery
- _____ Increased anxiety or depression

IMPORTANT: If you answered Yes to any of the previous questions, contact your physician prior to beginning an exercise program.

Cholesterol Profile: HDLs _____ LDLs _____ Total _____

Blood Pressure: Systolic _____ Diastolic _____

Are you taking any medication? Yes No
Specify Type & Dosage:

When was your last physical examination? _____

I certify to the best of my knowledge the above information is correct and complete. I also understand that trainer assumes no responsibility for any illness, accident or injury I may incur from the use of the programs, services or facilities. All individuals are strongly encouraged to consult with a physician before entering a non-medically supervised exercise program.

Client Signature: _____ Date: _____

Trainer Signature: _____ Date: _____

PAR-Q & YOU

(A Questionnaire for People Aged 15 to 69)

Regular physical activity is fun and healthy, and increasingly more people are starting to become more active every day. Being more active is very safe for most people. However, some people should check with their doctor before they start becoming much more physically active.

If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly: check YES or NO.

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

If
you
answered

YES to one or more questions

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES.

- You may be able to do any activity you want — as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.
- Find out which community programs are safe and helpful for you.

NO to all questions

If you answered NO honestly to all PAR-Q questions, you can be reasonably sure that you can:

- start becoming much more physically active — begin slowly and build up gradually. This is the safest and easiest way to go.
- take part in a fitness appraisal — this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively. It is also highly recommended that you have your blood pressure evaluated. If your reading is over 144/94, talk with your doctor before you start becoming much more physically active.

DELAY BECOMING MUCH MORE ACTIVE:

- if you are not feeling well because of a temporary illness such as a cold or a fever — wait until you feel better; or
- if you are or may be pregnant — talk to your doctor before you start becoming more active.

PLEASE NOTE: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity.

No changes permitted. You are encouraged to photocopy the PAR-Q but only if you use the entire form.

NOTE: If the PAR-Q is being given to a person before he or she participates in a physical activity program or a fitness appraisal, this section may be used for legal or administrative purposes.

"I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction."

NAME _____

SIGNATURE _____

DATE _____

SIGNATURE OF PARENT
or GUARDIAN (for participants under the age of majority) _____

WITNESS _____

Note: This physical activity clearance is valid for a maximum of 12 months from the date it is completed and becomes invalid if your condition changes so that you would answer YES to any of the seven questions.

