



INFORMED CONSENT FOR EXERCISE  
PARTICIPATION AND FITNESS TESTING

I desire to engage voluntarily in **Elite Fitness Training's** training program and/or group exercise class in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on cardio respiratory and skeletal/muscle system and thereby attempt to improve their function. The reaction of the cardio respiratory and skeletal and muscle system cannot be predicted with complete accuracy. These changes might include: abnormalities of blood pressure and heart rate.

I understand the purpose of the exercise program/group exercise is to develop and maintain cardio respiratory fitness, body, composition, flexibility, muscular strength and endurance. A specific exercise plan will be given, based on needs, interest and doctor's recommendation. All exercise programs include warm up, exercise at target heart rate or rating of perceived exertion and cool down. Programs may include, but are not limited to, walking, jogging, participation in exercise fitness tests, aerobics classes or choreographed fitness classes, calisthenics or strength training. All programs are designed to place gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the trainer and/or class instructor of my symptoms.

I have consulted my physician before participating in an exercise program and have his/her approval. (If not, I accept all medical and legal responsibilities, losses and related damages incurred during or arising in any way from the exercise program.) If in the event a medical clearance must be obtained prior to participation in the exercise program, I will obtain and supply the medical clearance to the studio before beginning a program. I certify that I am in good health and if that conditions change, I will notify my trainer/instructor. Also, in consideration for being allowed to participate in **Elite Fitness Training's** training program, I agree to assume risk of such exercise, and further agree to hold harmless **Elite Fitness Training and its trainers, instructors, and owners** for conducting the exercise program from any and all claims, suits, losses or related cause of action for damages incurred during or arising in any way from the exercise program.

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Name of Participant (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone Number