INFORMED CONSENT AGREEMENT FOR PHYSICAL FITNESS PROGRAM

Client Contact Information:

Name: Phone (mobile):

Email: Phone (home):

Emergency Contact: Relationship:

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, muscle strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in lean tissue). Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing, group aerobic activity, swimming, and other aerobic stimulus), dynamic and ballistic exercises, and anaerobic activity (weightlifting) to improve muscular strength, endurance, and flexibility.

Description of Potential Risks:
I understand that reactions in the heart, lung, and blood vessel system during or after exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes that occur during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weightlifting equipment and engaging in dynamic and ballistic may lead to musculoskeletal strains, pain, and injury if adequate warm-up, gradual progression, and safety procedures are not followed. I understand that the personal trainer (Jessica Ronick) shall not be liable for any damages arising from personal injury sustained by the client (buyer) during or after the personal training program. Client (buyer) performing the exercise and using the exercise 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 (Jessica Ronick), 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 exercise that will be detrimental to the heart, the safety, the comfort, or the physical condition of Client [Buyer] if I engage or participate in the personal training program (other than those items fully discussed in the health history/PAR-Q 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, improvements in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease.

Governing Law
This Informed Consent Agreement and all claims or causes of action (whether in contract, tort, or statute) that may be based upon, arise out of or relate to this Informed Consent Agreement, or the negotiation, execution or performance of this (including any claim or cause of action based upon, arising out of or related to any representation or warranty made in or in connection with this Informed Consent Agreement or as an inducement to enter into this Informed Consent Agreement), shall be governed by, *and enforced in accordance with*, the internal laws of the State of Massachusetts, *including its statutes of limitations.*

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

Electronic Signatures

I, Client (Buyer), agree that this Informed Consent Agreement and any other documents to be delivered in connection herewith may be electronically signed. Client (Buyer) further agrees that any electronic signatures appearing on this Informed Consent Agreement, or other such documents, are the same as handwritten signatures for the purpose of legal validity, enforceability, and admissibility.

Signature of client (buyer): Date:

Signature of Parent or Guardian (if client under 18): Date:

Signature of Personal Trainer: Date:

HEALTH HISTORY/PAR-Q FORM

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.

Start by answering the ten questions below. If you answer yes to any of the questions, further investigation and possible doctor's release may be required. If you are over 65 years of age and you are not used to being very active, check with your doctor before starting any exercise program.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly.

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

1. Has a doctor ever said you have a heart condition and that you should only perform physical activity recommended by a doctor? ☐ YES ☐ NO

2. Do you experience an irregular or racing heart rate during rest or exercise? ☐ YES ☐ NO

3. Do you feel pain in your chest when you do physical activity? ☐ YES ☐ NO

4. Do you lose your balance because of dizziness, or do you ever lose consciousness? ☐ YES ☐ NO

5. Do you have a bone or joint problem that could be made worse by physical activity? ☐ YES ☐ NO

6. Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition? ☐ YES ☐ NO

7. Are you over 65 and unaccustomed to vigorous exercise? ☐ YES ☐ NO

8. Are you diabetic? ☐ YES ☐ NO

9. Are you pregnant? ☐ YES ☐ NO

10. Do you know of any other reason why you should not perform physical activity? ☐ YES ☐ NO

****If you answered "yes" to any of these questions, it is recommended that you see a doctor before you begin an exercise program.**

Electronic Signatures
I, Client (Buyer), agree that this Health History and PAR-Q form and any other documents to be delivered in connection herewith may be electronically signed. Client (Buyer) further agrees that any electronic signatures appearing on this Health History and PAR-Q form, or other such documents, are the same as handwritten signatures for the purpose of legal validity, enforceability, and admissibility.

Signature of client (buyer): _____ **Date:** _____