



Student Affairs

Wellness and Recreation Center – MMC

INFORMED CONSENT FOR PARTICIPATION IN AN EXERCISE PROGRAM

Purpose and Explanation of Exercise Testing:

I hereby consent to voluntarily engage in an exercise program designed by a personal trainer. I also give consent to be placed in program activities to improve my general health. The levels and intensity of exercise I will perform are determined by my most recent fitness assessment results. I will be given exact instructions regarding the amount and type of exercise I should perform. Professionally trained staff will direct my activities, monitor my performance, and evaluate my progress. Depending on my health status, I may or may not be required to have my blood pressure and heart rate monitored during exercise sessions to regulate my exercise within desired limits.

If I'm taking prescribed medications, I have already informed my personal trainer and further agree to inform my trainer promptly of any changes my doctor makes regarding the use of my medications. I have been informed that during my participation in exercise, I will be asked to complete the exercise program and/or activities prescribed unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. I have been advised that if the aforementioned occur, I have a right to decrease or stop exercise and that it is my obligation to inform the personal trainer of my symptoms. I hereby state and agree that I have been advised and agree to inform the personal trainer of my symptoms if any should develop.

Risks and Discomforts:

I understand and have been informed that a remote possibility exists of adverse changes in abnormal blood pressure, fainting, disorders of heart rhythm, and in very rare cases of heart attack or even death. I have been told that every effort will be made to minimize these occurrences through proper assessment by my personal trainer before each exercise session, through staff supervision during exercise, as well as through my own control of exercise efforts. I have been informed that emergency equipment and personnel are available to respond should unusual circumstances occur. I understand there is a risk of injury, heart attack and even death as a result of my exercise, but knowing those risks, I choose to participate as herein indicated.

Benefits and Alternatives Available to Exercise

I understand this exercise program may or may not benefit my physical fitness or general health. I understand that involvement in exercise sessions will allow me to learn proper performance of exercises, proper usage of fitness equipment and regulate physical effort. I further understand that if I closely follow the exercise program instructions, I am likely to improve my exercise capacity within a period of 3-6 months.

Confidentiality and Use of Information:

I have been informed that information obtained in this exercise program will be treated as privileged and confidential and will not be released or revealed to any person without my expressed written consent. I do agree to the use of any information that is not personally identifiable with me for research and statistical purposes as long as facts are not provided that could lead to my identification. Any other information obtained will be used only by a personal trainer prescribing exercise to me and evaluating my progress with this exercise program.

Inquiries and Freedom of Consent:

I have been given the opportunity to ask certain questions as to the procedures of this exercise program. Generally these requests have been noted by the personal trainer, and his/her responses are as follows:

I further understand that there are also other remote risks that may be associated with this exercise program. Despite the fact that a complete accounting of all these remote risks has not been provided to me, I still desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read. I consent to the rendition of all services and procedures as explained herein by all program personnel.

Signature of Participant: _____

Date: _____

Witness (Personal Trainer): _____

Date: _____