



## INFORMED CONSENT FOR PARTICIPATION IN AN EXERCISE PROGRAM

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

### 1. Purpose and Explanation of Procedure

I hereby consent to voluntarily engage in a program of exercise conditioning. I also give consent to be placed in program activities which are recommended to me for improvement of my general health and well-being. These may include dietary counseling, stress reduction, and health education activities. The levels of exercise that I will perform will be based upon my cardiorespiratory (heart and lungs) fitness as determined through my recent graded exercise test. I will be given exact instructions regarding the amount and kind of exercise I should do, I agree to participate one to five times per week in the formal program sessions. Professionally trained personnel will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend scheduled sessions and to follow staff instructions with regard to exercise, diet, stress management, and smoking cessation. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I will be given the opportunity for periodic assessment and it is suggested I have yearly graded exercise test, lipid profile and physical exam. The program may change the foregoing schedule of evaluations if this is considered desirable for health reasons.

I have been informed that during my participation in exercise, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At that point, I have been advised it is my complete right to decrease or stop exercise and that it is my obligation to inform the program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the program personnel of my symptoms, should any develop.

I understand that during the performance of exercise, a trained observer will periodically monitor my performance and, perhaps measure my pulse, blood pressure or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the observer may reduce or stop my exercise program, when any of these findings so indicate that this should be done for my safety and benefit.

### 2. Risks

It is my understanding, and I have been informed, that there exists the remote possibility during exercise of adverse changes including abnormal blood pressure, fainting, disorders of heart rhythm, and very rare instances of heart attack, stroke or even death. Often injuries to bones, muscles, tendons, ligaments and other parts of my body may also occur. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessment of my condition before each exercise session, through staff supervision during exercise and by my own careful control of exercise efforts. I have also been informed that emergency equipment and personnel are readily available to deal with unusual situations should these occur. I understand that there is a risk of injury, heart attack, or even death as a result of my exercise, but knowing these risks, it is my desire to participate as herein indicated.

### 3. Benefits to be Expected and Alternatives Available to Exercise

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions will allow me to learn proper ways to perform →



conditioning exercises, use fitness equipment and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity after a period of three (3) to six (6) months.

#### **4. Confidentiality and Use of Information**

I have been informed that the information which is obtained in this exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent or as required by law. I do however agree to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained however, will be used only by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

#### **5. Inquires and Freedom of Consent**

I have been given opportunity to ask certain questions as to the procedures of this program. Generally these requests which have been noted by the interviewing staff member and his/her responses are as follows:

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I further understand that there are also other remote risks that may be associated with this program. Despite the fact that a complete accounting of all these remote risks is not entirely possible, I am satisfied with the review of these risks which was provided to me and is still my 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 same.

Consent to the rendition of all services and procedures as explained herein by all program personnel.

\_\_\_\_\_  
Printed Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Witness' Printed Name

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date



## AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities and programs of *Keep the Beat Wellness, Inc.* and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I do hereby waive, release and forever discharge *Keep the Beat Wellness, Inc.* and its directors, officers, employees, representatives, successors and assigns, administrators, executors, and all others from any and all responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of facilities, equipment or machinery in the above mentioned activities. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of cardiovascular, resistance training, and or group classes or the use of any facilities/equipment or machinery at *Keep the Beat Wellness, Inc.* I understand that this release is given in advance of any injury or damage to me and that includes injury or damage to me caused by the ordinary negligence of those released hereby but not from gross negligence, willful/wanton/intentional or criminal conduct.

**IF YOU AGREE, PLEASE INITIAL\_\_\_\_\_.**

2. I understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment is a potentially hazardous activity. I also understand that fitness activities involve the risk of injury and even death, and that I am voluntarily participating in these activities and using facilities, equipment and machinery with knowledge of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.

**IF YOU AGREE, PLEASE INITIAL\_\_\_\_\_.**

3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation or use of equipment or machinery except as hereinafter stated. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in an exercise/fitness activity or in the use of exercise equipment and machinery. I also acknowledge that it has been recommended that I have a yearly graded exercise test, yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise and training equipment so that I might have recommendations concerning these fitness activities and equipment use. I acknowledge that I have either had a physical examination and have been given my physician's permission to participate, or that I have decided to participate in activity and use of equipment and machinery without approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

**IF YOU AGREE, PLEASE INITIAL\_\_\_\_\_.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**Printed Name** \_\_\_\_\_

*Keep the Beat Wellness, Inc. 333 Skokie Blvd. Northbrook, IL 60062 847-559-1992 Fax 847-559-1996*