INFORMED CONSENT FOR PARTICIPATION
IN AN EXERCISE PROGRAM FOR
APPARENTLY HEALTHY ADULTS

I hereby consent to voluntarily engage in an acceptable plan 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 I will perform will be based upon my cardio respiratory (heart and lungs) fitness determined through the trainer's ongoing exercise evaluation. I will be given instructions regarding the amount and kinds of exercise I should do.

My MedFit Center trainer will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. I further understand that there are risks that may be associated with any exercise program. Depending on my health status I may need a Medical Release from my doctor or be required to wear a *Fitness Heart Rate Monitor*. I understand that I am expected to attend every scheduled session and to follow instructions with regard to exercise.

If I am taking prescribed medications, I have informed my MedFit Center trainer and further agree to her promptly of any changes my doctor or I have made with regard to use of these or the start up of any new prescription drugs.

I agree to inform my MedFit Center trainer of any changes to my health, any new medical conditions and/or procedures during the course of my training.

I hereby state that I will inform my MedFit Center trainer of any symptoms during my participation in the exercise program such as fatigue, shortness of breath, chest discomfort, or any pain or discomfort for my safety and benefit.

I have been informed that the information that 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.

I acknowledge that I have read this document in its entirety and consent to the procedures explained herein.

_____   _____
Signature of CLIENT   Date