



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

I, _____ (*name of parent/client*) hereby consent for my son/daughter

_____ (*name of minor*), to voluntarily engage in an acceptable plan of exercise conditioning. I also give consent for them to be placed in program activities which are recommended for improvement of their general health and well-being. These may include dietary counseling and health education activities.

The levels of exercise that they will perform will be based upon their cardio respiratory (heart and lungs) fitness determined through our ongoing exercise evaluation. My son/daughter will be given instructions regarding the amount and kinds of exercise that they should do.

Lisa Dougherty will provide leadership to direct their activities, monitor their performance, and otherwise evaluate their effort. I further understand that there are risks that may be associated with any exercise program.

Depending on my son's/daughter's health status I may need a Medical Release from their doctor or they may be required to wear a Fitness Heart Rate Monitor. I understand that they are expected to attend every scheduled session and to follow instructions with regard to exercise.

If they are taking prescribed medications, I have the MedFit Center trainer and further agree to inform her promptly of any changes their doctor or I have made.

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

I hereby state that I will inform my son/daughter to let Lisa Dougherty of any symptoms during their participation in the exercise program such as fatigue, shortness of breath, chest discomfort, or any pain or discomfort for their safety and benefit.

I have been informed that the information that is obtained in their 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/PARENT

Date