

Fit By Jan

Informed Consent Form

I, _____ voluntarily consent to engage in a fitness training. I understand that cardiovascular and resistance training involves progressive stages of increased effort and that at any time, I may terminate the workout for any reason. I understand that during some exercises, I may be encouraged to work at maximum effort, and that at any time; I may terminate the exercise.

The reaction of the cardiovascular system to aerobic or resistance training activities cannot always be predicted with complete accuracy. I understand certain physical changes may occur during the fitness training session. Such changes may include increased blood pressure, fainting, disorders of the heart and very rare instances, cardiac arrest. I understand that every effort will be made to minimize these by constant observation and feedback during training session.

I am responsible for monitoring my own condition throughout the training session and should any unusual symptoms occur, I will cease participation and inform the trainer of the symptoms. Such symptoms could include, but not be limited to: nausea, difficulty breathing, chest discomfort and joint or muscle pain.

I agree to assume all risks of fitness training and hereby release and hold harmless **Fit By Jan** and their agents from any health claims, suits, losses or cause of action for damages, injury or death, including claims for negligence, arising out of or related to my participation in fitness training sessions.

I have read the foregoing carefully and I understand its content. Any questions that I may have regarding this Informed Consent have been answered to my satisfaction.

Print Name: _____ Date _____

Signature: _____