

MITCHELL FITNESS SYSTEMS
Informed Consent for Sessions of Guided Exercise

I desire to voluntarily participate in Mitchell Fitness Systems (MFS)* private, semi-private or group fitness program in order to improve my physical fitness level.

Explanation of the exercise sessions:

The exercise sessions you will become involved in will follow progressive exercise levels and will be regulated by the coordinator of the exercise program. The sessions will consist of aerobic type activities (rhythmical exercises which utilize large muscle groups for sustained periods of time) such as jogging, cycling, and circuit interval training, as well as, other similar activities. These exercise activities are designed to place a gradually increasing work load on the body and thereby improve its functioning although no guarantee of improvement can be made. During the exercise sessions you may experience local muscular soreness and slight fatigue. These minor discomforts may appear in the early stages of the program, however, as the conditioning process continues with regular attendance in the exercise sessions, they should disappear or lessen. **Please initial** _____

Risk and discomforts of the exercise sessions:

The reaction of the cardiovascular system to such activities cannot always be predicted with complete accuracy. Therefore, there is the risk of certain changes occurring during or following the exercises. These changes include abnormalities of blood pressure or heart rate, and in rare instances, cardiac complications. A physician **will not** be present during the exercise sessions, however, instructions regarding the signs and symptoms of adverse reactions or responses to exercise will be provided before participation in the exercise sessions of the MFS program. Should you observe any adverse signs or symptoms, they should be reported and appropriate modifications in the exercise regimens will take place. Every effort will be made to avoid any adverse reactions by the entrance interview, the Health/Medical Questionnaire, Risk Factor Appraisal and by the observations during the exercise sessions. Personnel trained in emergency first aid will be available to deal with and minimize the risk of unexpected events, should they occur.

Please initial _____

Confidentiality:

The information based on the observations made during the exercise sessions of the Adult Fitness Program will be treated as privileged and confidential, however, it may be used for a statistical or scientific purpose with your right of privacy retained. **Please initial** _____

Inquiries:

You may refuse to participate now or stop at any time during the exercise sessions. Furthermore, no action will be taken against you if you decide not to participate or to stop. It is your decision. Before signing this form, please feel free to ask any questions regarding any aspect of this program that may be unclear to you. Take as much time as necessary to think it over and if you wish, you may discuss your participation with your doctor. **Please initial** _____

I have read the above and do consent to participate in the exercise sessions.

Signed _____ **Date** ____/____/____

Parent/Guardian Signature _____

Witness _____ Program Director _____

*Mitchell Fitness Systems, Trent Mitchell Fitness, Inc. & www.FitnessCoach4U.com are synonymous