



INFORMED CONSENT

FOR YOGA, PILATES, JUMP START, TUBE 'N TONE, SWING, BALL & BAND, BOOT CAMP, CIRCUIT TRAINING, LATIN FUSION, KICKBOXING, BE FIT KIDS/TEENS & ALL BWI EXERCISE CLASSES

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_
PHONE NUMBER: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

The undersigned hereby gives informed consent to engage in a series of procedures relative to completing a written medical/health history, taking a battery of flexibility tests and participating in a variety of physical activities associated with the fitness class. The purpose of the testing is to determine flexibility levels and health status. All exercise testing and physical activity sessions will be supervised and monitored by trained exercise technicians. These activities include stretching, strengthening and relaxation exercises performed in either gymnasium or class settings.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could affect pre-existing illness, abnormal heartbeats, abnormal blood pressure, and in rare instances, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and first aid.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

In the event of a medical problem, I further recognize that any medical care may be required is my personal financial responsibility. Finally, I give informed consent for testing to be used in an anonymous manner for purposes of scientific and medical research.

Signature

Date

Witness

Date