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**INFORMED CONSENT AND WAIVER**

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give my consent to participate in the physical fitness evaluation program conducted by Lifestyle Fitness. I understand that this initial testing is not intended to replace any other medical test or services of my Physician. I consent to participate in a training program designed by Lifestyle Fitness, which may include aerobic activities, calisthenics, weight lifting to improve muscular strength, endurance, flexibility and joint mobility. \_\_\_\_\_\_\_\_ ( Initial)

I, understand that the reaction of the heart, lungs and blood vessel system to such exercise cannot always be predicted with accuracy. During exercise or following exercise there is a risk that I may experience dizziness, discomfort breathing , abnormal blood pressure or heart rate, ineffective functioning of the heart and in rare instances, heart attacks or stroke. Use of weight lifting equipment, and engaging in heavy body calisthenics or aerobic activity, can lead to muscular strains, sprains, bone fractures or other injuries. Lifestyle Fitness will make every effort to minimize these risks. \_\_\_\_\_\_\_ ( Initial)

I, understand that training outdoors includes hazards not experienced in an indoor training environment. Hazards include the above mentioned risks plus, but not limited to ; extremity inversion injuries, falls, cuts, scrapes, and possible contact with ground contaminants. Lifestyle Fitness will make every effort to minimize these risks. \_\_\_\_\_\_\_\_ ( initial)

I ,understand that a program of regular exercise for the heart, lungs, muscles and joints has many associated benefits. Physical activity has a positive change in the ability of the body to increase work capacity, improved cardiovascular efficiency, increased muscular strength, flexibility, power and endurance. Other benefits include a decrease in body fat, improvement in blood pressure, improvement in psychological function, increased bone mass and a decreased risk of heart disease. The amount and degree of benefits experienced will be relative to the adherence of an exercise program, based on the prescribed amount of intensity, duration, frequency, progression and types of activity. \_\_\_\_\_\_\_\_\_ ( Initial )

I, understand that any information obtained regarding my personal data, fitness level and progress will be treated as privileged and confidential and will not be released to any person without my expressed written consent. I understand that financial arrangements will also be treated as privileged and confidential. \_\_\_\_\_\_\_ ( Initial)

I, understand that Lifestyle Fitness may use images or video of my personal training sessions and or group training sessions for use on their website or social media outlets. As mentioned above, my personal information, including my name and age will not be shared without my expressed written consent. \_\_\_\_\_\_\_\_ ( Initial )

I have read the above information and acknowledge the potential risks and benefits of working with a personal trainer and I agree to assume such risks. I hereby release and waive any responsibility of Lifestyle Fitness from liability of injury, including death, which may be suffered by the undersigned arising out of, or in any way connected with the participation in this training program.

Consenting Signature of Client : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Trainer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_