

Informed Consent - WeBeFit

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I, _____, acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise by a WeBeFit Personal Trainer. I understand such a program can enhance the musculoskeletal and cardiorespiratory systems. I also understand there are inherent risks in participating in a program of strenuous exercise. I have been informed of the possible strenuous nature of a personal training program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack or death.

I have read and understand this term: _____ (initial)

I certify that the answers to the questions outlined on the Medical History (PAR-Q) form are true and complete to the best of my knowledge. I understand medical clearance may be required based on the answers I gave on the Medical History (PAR-Q) form. I understand and agree that it is my responsibility to inform my Personal Trainer of any conditions or changes in my health, now and on going, which might affect my ability to exercise safely and with minimal risk of injury.

I have read and understand this term: _____ (initial)

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer. I give WeBeFit Personal Trainers and the staff of the facilities I train in permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred.

I have read and understand this term: _____ (initial)

I understand that WeBeFit Personal Trainers operate on a scheduled appointment basis for all training sessions and thus, require that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given. Additionally, no charge will be levied should I need to cancel because of emergency or illness. I understand that WeBeFit Personal Trainers recommend that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

I have read and understand this term: _____ (initial)

I understand that I can work with any WeBeFit Personal Trainer and that these same terms and conditions will apply with them all. I also understand that WeBeFit Personal Trainers are or may be considered independent contractors and are not employees for tax purposes.

I have read and understand this term: _____ (initial)

By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Client Name (Please Print)

Signature

Today's Date

Witness