INFORMED CONSENT FORM
PHYSICAL FITNESS PROGRAM

Name:_____ Home Phone:_____
Address:_____ Work Phone:_____
_____

In Case of Emergency, contact_____ Telephone:_____

GENERAL STATEMENT OF PROGRAM OBJECTIVES AND PROCEDURES:
I understand that this physical fitness program includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone.) Exercise may include aerobic activities (treadmill, walking, running, bicycle riding, rowing machine exercise, group aerobic activity, swimming, and other aerobic activities, calisthenics exercises and weight lifting to improve muscular strength and endurance and flexibility exercises to improve joint range of motion.

DESCRIPTION OF POTENTIAL RISKS:
I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise, which may include abnormalities of blood pressure or heart attacks. Use of the weight lifting equipment, and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression and safety procedures are not followed. I understand that seller shall not be liable for any damages arising from personal injuries sustained by buyer while and during the PERSONAL TRAINING PROGRAM. Buyer using the exercising equipment during the PERSONAL TRAINING PROGRAM does so at his/her own risk. Buyer assumes full responsibility for any injuries or damages which may occur during the training.

I hereby fully and forever release and discharge seller, its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on health history form.)

I state that I have had a recent physical checkup and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

DESCRIPTION OF POTENTIAL BENEFITS
I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in risk in heart disease.

I have read the foregoing information and understand it. Any questions that may have occurred to me have been answered to my satisfaction.

Signature of Participant:_____Date:_____

Signature of Witness:_____Date:_____

Medical and Health Status Questionnaire

On this questionnaire, a number of questions regarding your physical health are to be answered. Please answer every question as accurately as possible so that a correct assessment can be made. Please place a check in the space to the left of the question to answer "Yes." Leave blank if your answer is "No." Your responses will be treated in a confidential manner.

Medical Screening

- ❑ Do you have any personal history of heart disease (coronary or atherosclerotic disease)?
- ❑ Any personal history of diabetes or other metabolic disease (thyroid, renal, liver)?
- ❑ Any personal history of pulmonary disease, asthma, interstitial lung disease or cystic fibrosis?
- ❑ Have you experienced pain or discomfort in your chest apparently due to blood flow deficiency?
- ❑ Any unaccustomed shortness of breath (perhaps during light exercise)?
- ❑ Have you had any problems with dizziness or fainting?
- ❑ Do you have difficulty breathing while standing or sudden breathing problems at night?
- ❑ Rapid throbbing or fluttering of the heart?
- ❑ Have you experienced severe pain in leg muscles during walking?
- ❑ Do you suffer from ankle edema (swelling of the ankles)?
- ❑ Do you have a known heart murmur?
- ❑ Has your serum cholesterol been measured at greater than 200 mg/dl?
- ❑ Has your HDL (the "good" cholesterol) been measured at greater than 60 mg/dl?
- ❑ Are you a cigarette smoker?
- ❑ Would you characterize your lifestyle as "sedentary"?
- ❑ Have you had a high fasting blood glucose level on 2 or more occasions (>=110mg/dl)?
- ❑ Are you 20% or more overweight or have you been told your “BMI” was greater than 30?
- ❑ Have you been assessed as hypertensive on at least 2 occasions (systolic > 140 mmHg or diastolic > 90mmHg)?
- ❑ Do you have any family history of cardiac or pulmonary disease prior to age 55?

Par-Q Medical Status

Regular physical activity is fun and healthy, and more people are becoming more active every day. Being more active is very safe for most people. However, some people should check with their doctor before becoming much more physically active. If you are planning to become much more physically active than you are now, start by answering the seven questions in the box below. If you are between the ages of 15 and 69, the PAR-Q will tell you if you should check with your doctor before you start. If you are over 69 years of age, and you are not used to being very active, check with your doctor.

Common sense is your best guide when you answer these questions. Please read the questions carefully and answer each one honestly. Please place a check in the space to the left of the question to answer "Yes." Leave blank if your answer is "No." Your responses will be treated in a confidential manner.

□ Has your doctor ever said that you have a heart condition AND that you should only do physical activity recommended by a doctor?
□ Do you feel pain in your chest when you do physical activity?
□ In the past month, have you had chest pain when you were not doing physical activity?
□ Do you lose your balance because of dizziness or do you ever lose consciousness?
□ Do you have a bone or joint problem that could be made worse by a change in your physical activity?
□ Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
□ Do you know of any other reason why you should not do physical activity?

If you answered YES to one or more questions, talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want - as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those that are safe for you. Talk with your doctor about the kinds of activities you wish to participate in and follow his/her advice.

If you answered NO honestly to all questions, you can be reasonably sure that you can:

- Start becoming much more physically active - begin slowly and build up gradually. This is the safest and easiest way to go.
- Take part in a fitness appraisal - this is an excellent way to determine your basic fitness so that you can plan the best way for you to live actively.

Even if you answered NO to all questions, you should delay becoming much more active:

- If you are not feeling well because of a temporary illness such as a cold or a fever - wait until you feel better.
- If you are or may be pregnant - talk to your doctor before you start becoming more active.

Please note: If your health changes so that you then answer YES to any of the above questions, tell your fitness or health professional. Ask whether you should change your physical activity plan.

Informed Use of the PAR-Q: The Canadian Society for Exercise Physiology, Health Canada, and their agents assume no liability for persons who undertake physical activity. If in doubt after completing this questionnaire, consult your doctor prior to physical activity.

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

Name:
Signature:_____
Signature of Parent or Guardian _____
(for participants seventeen and younger)

Medical History-Detail

□ Are you currently being treated for high blood pressure?
If you know your average blood pressure, please enter: /

Please check all conditions or diagnoses that apply:

□ Abnormal EKG	□ Limited Range of Motion	□ Stroke	□ Abnormal Chest X-Ray
□ Arthritis	□ Epilepsy or Seizures	□ Chronic Headaches or Migraines	□ Low Blood Pressure
□ Rheumatic Fever	□ Bursitis	□ Asthma	□ Foot Problems
□ Swollen or Painful Joints	□ Persistent Fatigue	□ Stomach Problems	□ Bronchitis
□ Knee Problems	□ Hernia	□ Emphysema	□ Back Problems
□ Anemia	□ Other Lung Problems	□ Shoulder Problems	□ Currently pregnant
□ Recently Broken Bones	□ High Cholesterol	□ Diabetes	□ Lupus
□ Shortness of Breath	□ Pace Maker	□ Disorder Eating	□ Other Health Problems

□ Has a doctor imposed any activity restrictions? If so, please describe

Family History

Have your mother, father, or siblings suffered from (please select all that apply):

□ Heart attack or surgery prior to age 55	□ High cholesterol	□ Diabetes
□ Stroke prior to age 50	□ Obesity	□ Asthma
□ Congenital heart disease or left ventricular hypertrophy	□ Hypertension	□ Osteoporosis
□ Leukemia or cancer prior to age 60		

Medications

Please select any medications you are currently using:

□ Diuretics	□ Other Cardiovascular	□ Vasodilators
□ Beta Blockers	□ NSAIDS/Anti-inflammatories (Motrin, Advil)	□ Calcium Channel Blockers
□ Cholesterol	□ Alpha Blockers	□ Diabetes/Insulin
□ Other Drugs (record below)		

Please list the specific medications that you currently take:

Lifestyle

□ Are you a cigarette/cigar smoker? If so, how many cigarettes/cigars per day do you smoke?

□ Previously a cigarette smoker? If so, when did you quit?

How many years have you smoked or did you smoke before quitting?

Do you/did you smoke (Circle one): Cigarettes Cigars Pipe

□ Do you drink alcoholic beverages?

How many alcohol drinks consume per week: _____

Cups of coffee or tea consumed/day_____

Cans cola drinks consumed /day_____

Please rate your daily stress levels (select one):

□ Low □ Moderate □ High- but I enjoy the challenge

□ High-sometimes difficult to handle □ High-often difficult to handle

Dietary habits. Please select all that apply.

□ I seldom consume red or high-fat meats.	□ I almost always eat a full, healthy breakfast.
□ I eat at least 5 servings of fruits/vegetables per day.	□ My diet includes many high-fiber foods.
□ I pursue a low-fat diet.	□ I rarely eat high-sugar or high-fat desserts.

Other

Please indicate any other medical conditions or activity restrictions that you may have. It is important that this information be as accurate and complete as possible.

□ Check here if ANY of the information on this questionnaire is critical to your personal trainers' understanding your readiness for exercise.

Health and Fitness Goals

These questions will help us to understand your personal fitness goals.

Please indicate your personal health and fitness related goals: (check all that apply)

[ ] Aerobic Fitness [ ] Feel Better [ ] Improve Flexibility [ ] General Fitness
[ ] Improve Diet [ ] Injury Rehab [ ] Look Better [ ] Lose Weight
[ ] Lower My Cholesterol [ ] Muscular Size [ ] Muscular Strength [ ] Reduce Back Pain
[ ] Reduce Stress [ ] Sports Specific [ ] Stop Smoking

Please tell us more about your exercise patterns and goals:
What is your exercise history?

What health improvements do you NEED?

What health improvements do you WANT?

What are your activity preferences?

What barriers to success do you anticipate?

What is your motivation level? High Medium Low

What is your confidence level? High Medium Low

How will you know you are succeeding?

Recent Exercise Habits:
On average, how many times per week do you exercise? _____

On average, when you exercise, how long do you exercise per session? _____ (minutes)

On a scale from 1 to 10, how intense is your typical workout? (10 being highest) _____

How long have you exercised on a regular basis? _____ (years)

In a typical week, how many minutes do you spend in the following activities?

Running/jogging: _____ Weight Training: _____ Skiing/Boarding: _____
Walking: _____ Aerobics: _____ Yoga/Pilates/Martial Arts: _____
Stair Climbing: _____ Swimming: _____ Other (please specify): _____
Biking/Spinning: _____ Racquet Sports: _____ _____

Place a check next to your activity preferences or interests:

[ ] Aerobics Classes [ ] Free Weights [ ] Golf
[ ] Group Activities [ ] Martial Arts [ ] Other _____
[ ] Outdoor Cycling [ ] Running [ ] Spinning (indoor cycling)
[ ] Step Aerobics [ ] Swimming [ ] Tennis
[ ] Walking