



Informed Consent

I, _____, voluntarily consent to engage in a fitness assessment, exercise assessment, and fitness training. I understand that the cardiovascular fitness assessment will involve progressive stages of increasing effort, and that at any time I may terminate the assessment for any reason. I understand that during some tests I may be encouraged to work at maximum effort and that at any time, I may terminate the assessment or activity for any reason.

The reaction of the cardiovascular system to aerobic or weight-lifting activities cannot always be predicted with complete accuracy. I understand certain physical changes may occur during the exercise assessment and subsequent exercise activities. Such changes include abnormal blood pressure, fainting, disorders of the heart rate, and very rare instances of heart attack or cardiac arrest. I understand that every effort will be made to minimize problems by preliminary examination and observation during testing and exercising.

Even though I will be observed during assessments and exercise activities, I understand that I am responsible for monitoring my own condition throughout the procedures, and should any unusual symptoms occur, I will cease participation and inform the instructor of the symptoms. Such symptoms could include but are not necessarily limited to: nausea, difficulty in breathing, chest discomfort, and joint or muscle injury.

I also understand that an emergency protocol has been planned. In the event of an emergency situation occurs I am financially responsible for any emergency services that may be necessary.

I agree to assume all risks of the fitness testing and hereby release and hold harmless PumpYourHeart and their agents and employees from any and all health claims, suits, losses, or causes of action for damages, injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessments and/or fitness program participation.

I have read the foregoing carefully, and I understand its content. Any questions that may have occurred to me concerning this informed consent have been answered to my satisfaction.

Client Release

I know of no physical or medical condition that either myself, or my physician, is aware of that could be aggravated by participating in an exercise program. I agree to advise PumpYourHeart in writing if this changes or if my physician advises me to stop, reduce, or otherwise adjust my exercise routine. I will advise PumpYourHeart if I injure myself in any way while participating in exercises under the supervision of one of their trainers.

Printed Name

Signature

Date (YYYY/MM/DD)

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