**THE GENTLE CARESS FITNESS**

**INFORMED CONSENT/WAIVER**

**PROGRAM OBJECTIVE**

I understand that my physical fitness program is individually tailored to meet the goals and objectives agreed upon by my trainer and me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**DESCRIPTION OF THE EXERCISE PROGRAM**

I understand that my exercise program will involve voluntary participation in a number of fitness regimens. These activities will vary depending upon the objectives that my trainer, and I establish. I will not partake in any activities that I am uncomfortable with or that I believe will cause my body any harm. Some variations of the regimens that I’ll voluntarily partake in include but are not limited to: 1) aerobic activities including, the use of treadmills, stationary bicycles, step machines, rowing machines, and bike/run trail; 2) muscular endurance and strength building exercises including, but not limited to, the use of free weights, weight machines, calisthenics, and exercise equipment ; 3) other activities selected by myself and my trainer.

**DESCRIPTION OF POTENTIAL RISKS**

I understand that no exercise program is without inherent risks regardless of the care taken by a trainer and that my personal safety is my, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, responsibility and cannot be guaranteed by my trainer. I realize that when participating in any exercises, particularly those that induce cardiovascular stress, there is a slight chance of serious injury (e.g., heart attack, stroke, or other cardiovascular accidents) or catastrophic incident (e.g., death, paralysis). Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities sometimes results in minor injuries (e.g., bruises, musculoskeletal strains and sprains), less frequent, more serious injuries (e.g., muscle tears, herniated disks, torn rotator cuffs), and rarely, catastrophic injury (e.g., death, paralysis). I understand that my *uncertified* trainer nor The Gentle Caress, will not be held liable/responsible in the event that an unfortunate incident such as death or any other serious injuries take place during a training session.

**DESCRIPTION OF POTENTIAL BENEFITS**

I understand that a regular exercise program has been shown to have definite benefits to general health and well-being. I know that some of the benefits can include loss of weight, reduction of body fat, improvement of blood lipids, lowering of blood pressure, improvement of cardiovascular function, reduction in the risk of heart disease, improved strength and muscular endurance, improved posture, and improved flexibility but however none of these benefits are guaranteed.

**PARTICIPANT RESPONSIBILITES**

I understand that it is my responsibility to 1) fully disclose any health issues or medications that are relevant to participation in a strenuous exercise program; 2) cease exercise and report promptly any unusual feelings (e.g., chest discomfort, nausea, difficulty breathing, and/or any other apparent feelings) during the exercise program; and 3) clear my participation with my physician.

**PARTICIPANT ACKNOWLEDGEMENTS**

In agreeing to this exercise program:

* I acknowledge that my participation is completely voluntary
* I understand the potential physical risks involved in the exercise program and believe that the potential benefits outweigh those risks.
* I give consent to certain physical touching that may be necessary to ensure proper technique and body alignment.
* I understand that the achievement of health or fitness goals cannot be guaranteed.
* I have a voice in planning and approving the activities selected for my exercise program.
* I have been able to ask questions regarding any concerns I might have and had those questions answered to my satisfaction.
* I am in good physical condition, have no impairment which might prevent my participation in such activities, and have been advised to consult with a physician prior to beginning this program.
* I have been advised to cease activity immediately if I experience unusual discomfort and feel the need to stop.

**I have read and understand the above agreement; I have been able to ask questions regarding any concerns I might have; I have had those questions answered to my satisfaction; and I am freely signing this agreement.**

 Signature of Participant

 Printed Name of Participant

 Signature of The Gentle Caress Trainer

 Printed Name of The Gentle Caress Trainer

Participants Emergency Contact

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Name Relationship Phone Number