

CONSENT FORM



Please note: Consult with your physician before beginning this or any fitness, exercise, or diet program.

I, _____, give my consent to participate in the physical evaluation and future programs conducted by Rhymer Fitness.

PRINT NAME

Benefits:

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include: increased work capacity, improved cardiovascular efficiency, increased muscular strength, flexibility, power and endurance.

Risks:

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardio-respiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem (except those noted below) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

By signing this waiver, I hereby release, discharge, and waive any and all responsibility of Rhymer Fitness from and against any liability of injury and for damage to or loss of property which may be suffered by the undersigned arising out of, or in any way connected with the participation in this program.

Testing and Evaluation Results:

I understand that I will undergo initial testing to determine my current physical fitness status. The testing will consist of completing this health inventory, and may include: Z-Health assisted exercises, various strength endurance tests, a cardiovascular step test, and body composition analysis.

I further understand that such screening is intended to provide Rhymer Fitness with essential information used in the development of individual fitness programs. I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any medical test or the service of my physician. I will be provided a copy of all test results. I may share the results with whomever I please, including my personal physician. By signing this consent form, I understand that I am responsible for my actions during my tenure with Rhymer Fitness, and that I waive responsibility of Rhymer Fitness if I should incur any injury as a result of my participation.

Your Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(IF CLIENT IS UNDER 18 YEARS OLD)

Address: _____

Birth day (MONTH/DAY/YEAR): _____

Email Address: _____

Phone: HOME _____ CELL _____