



Informed Consent and General Release for Personal Training

I desire to engage voluntarily in the Personal Training program in order to attempt to improve my physical fitness. I understand there is a risk of certain physiological changes that might occur during or following an exercise session. These changes include, but are not limited to, abnormalities of blood pressure or heart rate and muscle soreness or spasm.

I understand that the purpose of the Personal Training program is to improve and/or maintain muscular strength and endurance, flexibility, body composition, and cardio respiratory fitness. A specific exercise plan will be prescribed to me based on my needs, interests, and doctor recommendations. All personal training sessions will last approximately one hour and include warm-up, proper exercise instruction, and cool-down. Each individual session will involve walking, jogging, cycling, rowing, stepping, swimming, strength training, or stretching. Each training session will be monitored closely and progression will be regulated on an individual basis.

I understand that I am responsible for monitoring my own condition throughout each exercise session and should any unusual symptoms occur, I will immediately notify my personal trainer.

In the event that a medical clearance must be obtained prior to my participation in the Personal Training program, I agree to consult my physician and obtain written permission prior to the commencement of any exercise program.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the Personal Training program. I also affirm that my questions regarding the Personal Training program have been answered to my satisfaction.

Also, in consideration for being allowed to participate in the Personal Training program, I agree to assume the risk of such exercise and I further agree to hold harmless the Florida Gulf Coast University Board of Trustees, the State of Florida and their officers, agents, employees, and representatives (RELEASEES), from any and all claims, demands, causes of action, losses, damages, and suits in equity of whatever kind or nature that arise during or stem in any way from my participation in the Personal Training program, including but not limited to such claims that may result from my injury or death and such claims that may arise from the negligence of RELEASEES, myself, or third parties.

signature of participant

Date

signature of CPT/staff

Date