

Personal Training Informed Consent form For Group Sessions

Before beginning this or any fitness/exercise or diet program, please consult with your physician first.

I _____, give my consent to participate in the physical fitness group class conducted by Personal Trainer Kim Bolton. (Fit By Kim)

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, and increased muscular strength, flexibility, power and endurance.

Risks:

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

Testing and Evaluation Results:

I understand that I will not undergo initial testing to determine my current physical fitness status for group sessions.

I further understand that such screening is intended to provide “Kim Bolton” with the essential information used in the development of individual fitness programs. With group sessions “Kim” has many individuals to closely watch. I understand that my individual results will be determined on my participation in the class. I also understand that any testing is not intended to replace any medical test or the services of my physician. By signing this consent form I understand that I am personally responsible for my actions during my tenure with “Kim Bolton Personal Trainer” of Fit By Kim, and that I waive responsibility of “Kim Bolton,” Fit By Kim if I should incur any injury as a result of my negligence.

Signed: _____

Date: _____

Witness: _____

Date: _____