

# INFORMED CONSENT FORM

## *MY PRIVATE GYM*

55 AINSLIE STREET NORTH  
CAMBRIDGE, ONTARIO  
(519-267-4885)

### A. Disclosure

*My Private Gym* is a physical exercise facility providing weight-lifting (free as well as cable), bike spinning, treadmill (running / walking) and elliptical machines. There is also provided an infrared sauna and shower area involving exposure to elevated air or water temperatures. The level of participation in these aforementioned activities is at all times completely voluntary and up to the individual's choice. There is a risk, which must be assumed by each participant, that he or she may suffer a physical injury or disability.

### B. General Information

Participant name \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone: \_\_\_\_\_

Person to be notified in case of emergency \_\_\_\_\_

### C. Release of Liability

I understand that parts of *My Private Gym* equipment / activities may be physically demanding. I understand that the level of participation in *My Private Gym activities* is at all times completely voluntary and up to the individual's choice. Also, I recognize the inherent risk of injury or disability in *My Private Gym* activities and understand that each participant must assume the risk of injury from participation in any of the activities. I release *My Private Gym* from all liability for any injury to the participant from participation in *My Private Gym* activities except for injuries caused by gross negligence.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date