



## Informed Consent Form

\_\_\_\_\_

Date

\_\_\_\_\_

Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

E-mail Address

\_\_\_\_\_

Address

\_\_\_\_\_

Phone #

\_\_\_\_\_

Emergency Contact Name

\_\_\_\_\_

Phone #

In consideration of my desire to engage in an exercise program at the RehabGYM. I understand and agree to the following:

1. Participation by me in this activity is entirely voluntary.
2. Before I engage in any activity I will complete health history form as well as an evaluation with a Physical Therapist or Athletic Trainer to determine my risk of participating in exercise as well as areas that need to be addressed in my exercise program. If the health history, physical activity readiness questionnaire or evaluation indicates that I should see my physician before exercising, I will do that.
3. I understand that the possibility exists that certain changes may occur during exercise. They may include muscular strains, sprains, and delayed onset muscle soreness, abnormal blood pressure, fainting, disturbances of heart rhythm, and very rare instances of heart attack.
4. I understand that I can minimize the risk of adverse changes occurring during exercise by adhering to the exercise guidelines which discuss the importance of warming up and cooling down, and exercising at a moderate level at least 3 times per week.
5. I understand that a program of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, increased strength, decreased chance of injury and decrease in heart disease.
6. I, the undersigned, waive and release and agree to hold harmless and indemnify the RehabGYM, its employees, agents, officers and directors against any and all claims any way connected with my participation in an exercise program. This agreement is binding on my heirs, executors, administrators and assigns.

\_\_\_\_\_

Signature of Participant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Witness

\_\_\_\_\_

Date