

Optimum Fitness & Rehabilitation Center

INFORMED CONSENT FOR PHYSICAL FITNESS PROGRAM

Please read & sign below:

I, the undersigned, being of sound mind, understand that Optimum Health & Fitness Center offers membership for the purpose of exercise. I consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities that are recommended to me based upon my cardiorespiratory (heart and lungs) and muscular fitness for improvement of my general health and wellbeing. I understand I will be given guidelines. If I am taking prescribed medication, I have already so informed the staff and further agree to so inform them promptly of any changes my doctor or I make with regard to the use of these during exercise. I will be given the opportunity for periodic assessment and evaluation after the start of my membership. In a maximal bout of fitness, approximately 2.5 in 10,000 chances of adverse symptoms exist with the odds of a more serious event such as a heart attach approximately 1 in 10,000.

I have been informed that during my participation in any exercise program, I should cease activity if symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. I also understand that it is my obligation to inform the personnel on duty of my symptoms, if any, develop. I also understand that the personnel may reduce or stop my activity program when or if any symptoms indicate that this should be done for my safety and benefit.

Participation in the exercise program may or may not benefit me directly in any way. Regular adherence to a program should increase your overall physical fitness and well being; however, other factors such as eating habits, stress and activity outside of this program may also influence the desired benefits.

Any questions about your exercise program are welcome. If I have doubts or questions, I can ask an Optimum Fitness Center staff member for further explanations. Proper use of the equipment is paramount. Equipment is to be used in the way in which it is intended. For assistance with your training program and/or the equipment, please see an OFC staff member.

OFC reserves the right to suspend facility use for breach of the rules or conduct, which in the opinion of OFC, is damaging to the character or interest of OFC or offensive to other patrons or staff.

Membership in the Optimum Fitness Center is voluntary. I am free to deny consent if I so desire, both now and at any point during the course of membership. I have read this form and understand the program in which I will be engaged. I consent to participate in this program. In addition, I agree to inform the OFC staff of any future medical conditions or medication, which may affect participation in physical activity. Furthermore, I understand that I may not hold Optimum Health & Fitness Center or any of its employees liable for any injury or accident which may occur during or as a result of the membership. Lastly, I give the staff of Optimum Health & Fitness Center permission to administer basic first aid in the event of an emergency.

Printed Name

Signature

Date