

Third Coast Training

Informed Consent for Training

I, the undersigned, do hereby acknowledge:

- My consent to participate in a fitness program consisting of weight training exercises, aerobic exercises, speed, agility, power training and flexibility training that is specific to my age, gender, and current level of activity.
- My understanding that the exercise program will be designed following a thorough pre-screening evaluation and fitness test.
- My consent to participate in a program developed by a trainer who has been trained to design programs for apparently health individuals.
- My understanding that there are potential risks associated with an exercise program; i.e., episodes of transient light headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps and nausea, muscle soreness, heart attack, death, muscle strains and that I assume willfully those risks;
- My obligation to immediately inform the trainer/Sport Scientist of any pain, discomfort, fatigue or any other symptoms that I may suffer during and immediately after the training session;
- My understanding that I may stop or delay any further training if I so desire and that the training session may be terminated by the trainer upon observation of any symptoms of distress or abnormal response;
- My understanding that I may ask any questions or request further explanation or information about the procedures at any time before, during and after the training session; that I have read, understood, and completed the Physical Activity Readiness Questionnaire (“PAR-Q”) and the answers to all the questions were negative:

SIGNATURE _____ DATE: _____

WITNESS _____ DATE: _____

This form must be witnessed at the time of signing and the witness must not be a minor

PARENT SIGNATURE _____ DATE: _____

(if minor child, parent or guardian signature required)