

## INFORMED CONSENT for EXERCISE PARTICIPATION

I desire to voluntarily engage in an exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardio respiratory system and thereby attempt to improve function.

The reaction of the cardio respiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate. I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

I agree to consult my physician and obtain medical clearance prior to my participation in the exercise program.

By signing this document, I assume all risk and responsibility for my health and well-being and hold harmless CoreFit Pilates, Inc., the facility or any persons involved with this program.

I understand that questions and concerns about exercise procedures and recommendations are encouraged, welcomed and kept confidential. I have informed the instructor of any medical conditions and/or concerns that I have and will inform the instructor if my medical condition should change.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date