

A.E. FINLEY YMCA INFORMED CONSENT FOR EXERCISE TESTING & EXERCISE PARTICIPATION

I desire to engage voluntarily in the A.E. Finley YMCA 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 cardiorespiratory and musculoskeletal systems and thereby attempt to improve their function. The reaction of these systems to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise, including but not limited to abnormalities of blood pressure and heart rate.

I understand that the fitness-testing program is designed to evaluate cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. These tests may include, but are not limited to, sub-maximal cardiorespiratory tests to predict aerobic capacity, skinfold measurements to estimate body composition, static stretches to observe flexibility, and sub-maximal resistance to examine muscle strength and endurance.

I understand that the purpose of a regular exercise program is to improve and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise plan will be designed for me, based on my needs and interests and any recommendations provided by my physician. All programs are intended to place a gradually increasing workload on the body in order to improve overall fitness.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I agree to cease active participation and inform the trainer of the symptoms.

In the event that medical clearance must be obtained prior to my participation, I agree to consult my physician and obtain written clearance or allow the YMCA to obtain such clearance.

Also, in consideration for being allowed to participate in the YMCA exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting the exercise program from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during or arising in any way from, the exercise program.

I understand that if I am a client in the Personal Wellness Profile (PWP), personal information will be kept confidential and may only be shared with WakeMed for processing

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

Signature of participant

Date

Parent/Guardian Signature (if under 18 years of age)

Date