

The undersigned, _____, desires to engage voluntarily in an exercise fitness program in order to improve my physical fitness. I understand that the activities of this exercise fitness program are designed to place a gradually increasing work load on the cardiorespiratory system and to thereby attempt to improve its function. The reaction of the cardiorespiratory system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include, but are not limited to, abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise fitness program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise program will be given to me, based on my needs and interests and by my doctor's recommendations, if applicable. All exercise programs include warm-up, exercise at target heart rate and cool down. The program may involve walking, jogging, stationary cycling, participation in exercise fitness, calisthenics or strength training. All programs are designed to place a gradually increasing work load on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate and perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise fitness program and should any faintness, dizziness, discomfort or any unusual symptoms occur, I will cease my participation and inform my instructor of said problems or symptoms.

In the event that a medical clearance is requested by my instructor, it must be obtained prior to my participation in this exercise fitness program. I agree to consult my physician and obtain written permission from my physician and shall furnish said written authorization to my instructor who shall acknowledge receipt of the same by initialing and dating this paragraph in the space provided, prior to the commencement of any exercise fitness program. _____

(initialed and dated)

I further state that I have carefully read this form in its entirety and that I understand the description of the exercise fitness program, that my questions regarding the exercise fitness program have been answered to my satisfaction and that I am signing the same as my own free act and deed.

In consideration for being allowed to participate in this exercise fitness testing program, even though certain risks and dangers may exist in participating in this program, I understand and assume all of the dangers and risks of this activity and waive all claims or causes of action which may otherwise arise out of participation in this exercise fitness program. I hereby release and agree to indemnify and hold harmless the instructor, his/her agents, employees, heirs, executors, administrators, successors, or assigns 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 this exercise fitness program.

Executed this _____ day of _____, 20____, at Columbus, Ohio.

Witness

Signature of Participant