INFORMED CONSENT
FOR PHYSICAL FITNESS TESTING
AND EXERCISE PARTICIPATION

TAKE CHARGE FITNESS PROGRAM

In order to more safely carry on an exercise program in the Take Charge Fitness Program at Clinton Physical Therapy Center, I hereby consent, voluntarily, to exercise tests. I desire such testing so that better advice regarding my proposed exercise program may be given to me, but I understand that the testing does not entirely eliminate risk in the proposed exercise program. The bike/treadmill test or any of the other tests may be stopped at any time because of signs of fatigue. I understand that I may skip or stop any of the tests at any time, without penalty or prejudice toward me, because of my feelings of fatigue, discomfort, pain or for any other personal reason.

I also understand the risks of this testing procedure and the exercise program may include disorders of heart beats, abnormal blood pressure response, and, very rarely, a heart attack. I further understand that selection and supervision of my test is a matter of personal judgement.

I understand that the purpose of the exercise program is to develop and maintain desirable levels of cardiorespiratory fitness, body composition, flexibility, and muscular strength and/or endurance through increased workloads/tension. A specific exercise plan will be given to me. I understand that before beginning any exercise program I should consult a physician. Before beginning this program, I was asked by a member of the fitness staff at the TCFP whether I have any physical or mental limitations, or whether I am taking any medications or receiving any medical treatment that might make it unsafe for me to participate in this fitness program. There is no such limitation, medication, or medical treatment other than those that I have written on the attached sheet.

I understand I am responsible for monitoring my own condition throughout the testing and exercise program and should any unusual symptoms occur, I will cease participation and inform the fitness or aquatic instructor of the symptoms.

I understand that if I am or have been under a doctor’s care for heart or blood pressure abnormalities, I may be required to have my blood pressure and/or pulse taken before and/or after exercise (or testing) and understand that I will not be allowed to participate if above the level safe for exercise (180/90 mmHg for Blood Pressure).

I acknowledge that if I will be participating in the pool program, if I choose to use the pool area and equipment when no TCFP/CPTC staff person is in the area, I will be swimming at my own risk.

Also, in consideration of being allowed to participate in the Take Charge Fitness Program, I agree to assume the risk of such exercise, and further agree to hold harmless the TCFP and its staff members conducting the exercise test and 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 my injury or death, accidental or otherwise, during, or arising in any way from the exercise test or exercise program.

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

Please print “I have read and understood all of this form”. ______________________________________________________

Signature    Date    Staff Witness’ Signature