

# INFORMED CONSENT FOR EXERCISE PARTICIPATION



I, \_\_\_\_\_ acknowledge that I have voluntarily chosen to participate in a planned program of progressive physical exercise which *may* enhance the neurophysiologic, musculoskeletal and cardiorespiratory systems designed by INFINITE SOUL and its associates.

By signing this document, I acknowledge that I will be informed of the possible strenuous nature of the program and the potential physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death.

Also, I acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I fully understand that the program may be strenuous and choose to participate completely voluntarily. Should I choose not to obtain the approval of a physician prior to participation in exercise or movement program recommended and designed by INFINITE SOUL and its associates, I completely and voluntarily assume all risks.

In consideration for being allowed to participate in an INFINITE SOUL program, I agree to accept and assume all risks of such exercises or movement programs, and further agree to hold harmless INFINITE SOUL, associates and its instructor's conduction of the exercise program from any and all claims, suits, losses, or related causes of action for damages. This includes, but is not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from the programs or services provided.

I acknowledge, to the best of my ability, that I am in good health and have no known medical problems that would restrict my ability to participate in this or any program designed by INFINITE SOUL and its associates.

I further understand I am encouraged to ask questions about exercise procedures and recommendations.

## **Risk**

It is my understanding, and I have been properly informed, that there is the possibility of adverse changes, this includes: abnormal blood pressure, fainting, disorders of heart rhythm; at very rare instances, heart attack, stroke or even death. This also includes other risks of injury or impairment, due to my participation in any exercise or movement program designed or recommended by INFINITE SOUL and its associates.

In every effort, I will be forewarned to minimize these occurrences by proper staff assessment of my condition before each exercise session, staff supervision during exercise and by my own careful control of exercise efforts. I will make every effort to make program staff aware of any abnormal pain or discomfort during my exercise or movement program recommendations.

I have also been informed that emergency equipment and personnel are readily available to deal with unusual situations, should any of these events occur. I understand that there is a risk of injury, heart attack or even death as a result of my exercise, but knowing those risks, it is my sole desire to participate as herein indicated.



### **Benefits to be Expected and Alternatives Available to Exercise**

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program's instructions, that I will likely improve my exercise capacity in a time period dependant upon frequency of meetings and self workouts.

### **Confidentiality and Use of Information**

I have been informed that the information which is obtained in this exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other written, photography or video information obtained, however, will be used only by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

### **Personal Contact**

It is my understanding that throughout the program there will be necessary contact between myself and the program staff. I also understand that I will NOT be given a warning prior to any contact. Utilization of contact will be for sake of program design only. I will allow such contact as long as it does not suggest otherwise. Should I encounter contact where I am made uneasy or uncomfortable, I will make it clear that I am not comfortable and say "(please) don't touch me".

### **Inquiries and Freedom of Consent**

I have been given every opportunity to ask certain questions as to the procedures of this program.

I further understand that there are also other remote risks that may be associated with this program. Despite the fact that a complete accounting of all these remote risks is not entirely possible, I am satisfied with the review of these risks which was provided to me and it is still my desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I consent to the rendition of all services and procedures as explained herein by all program personnel and to the provision of emergency care response and CPR if necessary.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date \_\_\_\_\_

