



Physio Training Client Intake Information

Name: _____

Age: _____ DOB: _____

Phone #: _____

Parent/Guardian Name: _____

Email: _____

Parent/Guardian Phone: _____

Best time to contact: _____

(Internal Use)

- Athlete Lab
- Adult Fitness
- Private Training
- Post 320 Baseball

Informed Consent, Liability Waiver, Image Use Consent

INFORMED CONSENT FOR PARTICIPATION IN A HEALTH AND FITNESS TRAINING PROGRAM

1. PURPOSE AND EXPLANATION OF PROCEDURE I hereby consent to voluntarily engage in an acceptable plan of personal fitness training. I also give consent to be placed in personal fitness training program activities which are recommended to me for improvement of dietary counseling, stress management, and health/fitness education activities. The levels of exercise I perform will be based upon my cardiorespiratory (heart and lungs) and muscular fitness. I understand that I may be required to undergo a graded exercise test prior to the start of my personal fitness training program in order to evaluate and assess my present level of fitness. I will be given exact personal instructions regarding the amount and kind of exercise I should do. A professionally trained personal fitness trainer will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, stress management, and other health and fitness regarded programs. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I will be given the opportunity for periodic assessment and evaluation at regular intervals after the start of the program. I have been informed that during my participation in the above described fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the fitness training program personnel of my symptoms, should any develop. I understand that during the performance of exercise, a fitness trainer will periodically monitor my performance and, perhaps measuring my pulse, blood pressure, or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit. I also understand that during the performance of my fitness training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.



2. RISKS It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessments of my condition before each personal fitness training session, staff supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing these risks, it is my desire to participate as herein indicated.

3. 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 personal fitness training 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 instructions, that I will likely improve my exercise capacity and fitness level after a period of 3-6 months. 4. CONFIDENTIALITY AND USE OF INFORMATION I have been informed that the information which is obtained in this fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person, 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 information obtained, however, will be used only by the program staff to evaluate my exercise status or needs. 5. INQUIRIES AND FREEDOM OF CONSENT I have been given an opportunity to ask questions as to the procedures.

CONSENT TO USE IMAGE

Consent to Use Image

CONSENT TO USE MY IMAGE By agreeing to these terms, I agree and acknowledge that I can be interviewed, photographed, or filmed by news media or other parties. I also understand and agree that any interviews, photographs, or films can be used by Physio Performance and its facilities or other parties in publications such as newspapers, newsletters, magazines, or billboards, or can be broadcasted by television, radio, or other electronic media. Mentioned entities can use interview information, photographs and video for Physio Performance promotional purposes. I understand that I have the right to request that any interviewing, recording, or filing be stopped, and have the right to withdraw my consent for use up until a reasonable time before the recording or film is used. I can also ask Physio Performance to stop use of promotional items featuring my image or information at any time. If I, or my surrogate decision maker, have directly contacted the news media or other parties to do an interview or take photographs without the involvement of Physio Performance or its facilities, any such arrangements are between the news media and me. Neither mentioned entities nor their facilities are responsible for any such arrangements or liability stemming from them. I understand there will be no reimbursement or payment from Physio Performance or their facilities for any of the activities discussed above. I hold Physio Performance and their facilities free and harmless from any and all liability arising out of any of the activities discussed above. By agreeing to these terms, I certify that I have read (or have had read to me) this Waiver, that if I have any questions about it, I have had them answered to my satisfaction, and I fully understand the consequences of signing this Waiver.

Name (Print)

Date

Signature

Date