

Informed Consent for participation
in an exercise program for healthy adults

I, _____, hereby consent my voluntary participation in an acceptable plan of exercise conditioning. The levels of exercise which I will perform are normally of a conservative nature, and can be performed by any normal adult. I further understand that the appropriate method of determining my physical capability to participate in a fitness program is a personal medical evaluation by a physician of my choice prior to commencement of my fitness program. I understand and agree that South Central Regional Medical Center has not assumed the responsibility for a physical evaluation of my capability prior to the commencement of my fitness program. I understand that I am expected to follow staff instructions with regard to exercise and rules of the fitness facility. 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 medications. To the best of my knowledge, I am in good health and well able to participate in an exercise program.

During my participation in activities at the Wellness Center, if I have any symptoms of fatigue, shortness of breath, chest discomfort or similar occurrences, I understand it is my responsibility to inform the personnel of the Wellness Center of these symptoms. I also agree to inform the staff if any symptoms develop.

There exists the remote possibility, during exercise, of adverse changes including abnormal blood pressure, fainting, disorders, or heart rhythm, and very rare instances of heart attack. I understand that there is risk of injury or heart attack (in rare instances) as a result of my exercise, but knowing those risks, it is my desire to participate as herein indicated.

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 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 it 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 in the course of prescribing exercise for me and evaluating my progress in the program.

I have been given opportunity to ask questions as to the procedures of this program, and each of my questions has been answered to my satisfaction.

I acknowledge that I have read this document in its entirety or that it has been read to me if needed. I consent to the rendition of all services and procedures as explained herein by all program personnel.

Date

X _____
Participant's Signature

Legal Guardian Signature (if participant is under age 18)

Wellness Center Staff Signature