

Elite Physiques, Inc.
350 E. Orange Road Lewis Center, Ohio 43035
740-548-3637

Informed Consent for Exercising and Fitness Training

I agree to engage voluntarily in an exercise program at Elite Physiques, Inc., a personal training facility, located at 350 E. Orange Road, Lewis Center, Ohio.

I understand that the activities are designed to place a gradual increase workload on the cardio-respiratory and skeletal-muscle systems, thereby to improve their function.

I understand the purpose of the exercise program is to develop and maintain cardio-respiratory fitness, body composition, flexibility and muscular endurance.

The reaction of the cardio-respiratory and skeletal-muscle system cannot be predicted with complete accuracy. These changes might include abnormalities of blood pressure and heart rate

Programs may include but are not limited to walking, jogging, step-climbing, cycling (outdoor or stationary), participation in exercise fitness testing, aerobic and trampoline classes, group training classes, choreographed fitness classes and calisthenics or strength training (using free weights, universal or cables). All programs are designed to place gradually increased loads on the body in order to improve overall fitness.

I understand that I am responsible for monitoring my own condition throughout the exercise program. If any unusual symptoms occur, I will cease my participation and inform my personal trainer of my symptoms.

I have been advised that before participating in any exercise program, I should first consult my physician. In the event a medical clearance must be obtained prior to my participation in the exercise program or fitness assessment, I will allow my personal trainer to consult with my physician and obtain written permission prior to the commencement of any exercise program.

If a medical clearance isn't obtained from my physician, I certify that I am in good health. If my health worsens, I agree to notify my personal trainer immediately.

In consideration for participating in Elite Physiques, Inc. exercise programs, I agree to assume risk of such exercise and further agree to hold harmless any personal trainer who will be conducting the exercise program, from any and all claims, suits, losses or related cause of action for damages incurred during or arising in any way from the exercise program.

I hereby affirm that I have read and fully understand the exercise and training policies. By signing below, I agree to the above policies.

By (Client) _____ Date _____

By (Personal Trainer) _____ Date _____

Cancellation and Payment Policy

Appointments:

- If you are unable to keep your appointment, you must call the office the evening before your appointment.
- Cancellations will be accepted up until 8:00 P.M the evening before the day of your training session. You will not be charged for your training session if you call by 8:00 P.M.
- If you miss an appointment without calling or notifying your personal trainer by the 8:00 P.M. deadline, you will be charged for the full regular fee.

Payment:

- All fees are due at the time of service, unless prior arrangements have been made.
- Payments may be made by check or cash. When paying cash enter your name, date, and amount on envelope and put in the green box.
- A late charge of \$5 will be added to each session that has not been paid by the end on the week that the charges were accrued.
- Please make checks payable to: Elite Physiques, Inc.

I hereby affirm that I have read and fully understand the exercise and training policies and the payment and cancellation policies. By signing below, I agree to the above policies.

Please Print:

Name: _____ Date of Birth _____

Address: _____

Telephone # _____

Physician's Name _____ Phone _____

List Limitations and Medications: _____

Signature: _____ Date: _____