



## Jon Speakman Personal Training Informed Consent Agreement

### **Description of Exercise:**

I understand that my exercise program will require participation in a wide variety of exercises and activities and that these activities will require the use of different facilities, endurance and strength training equipment and machinery. Below is an outline of some of the activities and the corresponding list of facilities, equipment and machinery that may be used in a formal exercise regimen. This list is not exhaustive and other activities, facilities, equipment and/or machinery may be utilized.

1. Aerobic activities include, but are not limited to, the use treadmills, elliptical trainers, stationary bicycles, step machines, step benches, rowing machines, and outdoor public tracks, sidewalks, recreational facilities, parking lots or roadways.
2. Muscular endurance and muscular strength building exercises include, but are not limited to, free weights, weight machines, weight benches, rubber tubing, stability balls, medicine balls and other exercise apparatus.
3. Selected physical fitness assessments and body composition tests include, but are not limited to, the use of step benches, blood pressure monitors, heart rate monitors and bioelectrical impedance scales.
4. Jon Speakman Personal Training may select other activities that are not listed. Jon Speakman Personal Training will make every effort to ensure that the client understands the activity and has agreed to perform the activity prior to its execution.

### **Description of Potential Risks:**

Jon Speakman Personal Training has explained to me that no exercise program is without inherent risks and that, regardless of the care taken by Jon Speakman Personal Training, Jon Speakman Personal Training cannot guarantee my personal safety.

- For example, when one induces cardiovascular stress through an activity, a variety of injuries may occur ranging from those that are minor in nature (e.g. pulled muscles, muscle soreness), to more serious incidents (e.g. heart attack, stroke, or other cardiovascular incidents), to those that may be classified as catastrophic (e.g. death or paralysis).
- Likewise, I know that engaging in muscular endurance, strength building, and other fitness activities may result in occasional injuries ranging from those that are minor (e.g. bruises, musculo-skeletal strains and sprains), to those that are more serious (e.g. muscle tears, herniated disks, torn rotator cuffs), to those that may be classified as catastrophic (e.g. death, paralysis).

I realize that when participating in any exercises or conditioning activities, there is always a possibility that minor injuries, more serious injuries and catastrophic incidents may occur.

### **Description of Potential Benefits:**

I understand that a regular exercise program has been proven to have definite benefits to one's general health. I know that some of the physiological benefits of a regular exercise routine may include, but not be limited to, the following:

- Loss of weight
- Reduction of body fat
- Improvement in levels of HDL (blood lipids)
- Lowering of blood pressure
- Improvement in cardiovascular capacity and function
- Reduction in the risk of heart disease
- Improved strength and muscular endurance
- Greater range of motion and flexibility

I further understand that regular exercise may have psychological benefits such as a reduction in an individual's stress level and an increase in one's overall feeling of well-being.

### **Client Responsibilities:**

I understand that it is my responsibility to do the following:

- Fully disclose any and all health issues, which may include, but not be limited to, diabetes, heart problems, seizures, and asthma and/or medications that I am currently taking that may have an adverse effect on my health before, during or after a strenuous exercise program.
- Inform Jon Speakman Personal Training if there are any activities with which I do not feel comfortable performing.
- Cease all exercise and immediately report any unusual feelings (e.g. chest discomfort, nausea, difficulty breathing, apparent injury) during the exercise program.
- Clear my participation with my physician if required by Jon Speakman Personal Training after the review of my Medical/Health Status Questionnaire.

### **Client Acknowledgements:**

By agreeing to participate in this exercise program, I hereby acknowledge the following:

- My participation in this exercise program is completely voluntary.
- There are potential physical risks involved in any exercise program and I believe that the potential benefits outweigh those risks.
- Physical touching may be necessary to ensure proper technique and body alignment. Jon Speakman Personal Training will alert me whenever possible when physical contact is required.
- The achievement of health and training goals may not be achieved.
- I have had a voice in planning and implementing the activities selected for my exercise program.
- I have had an opportunity to ask questions regarding any and all concerns that I may have had and those questions were answered to my satisfaction.
- I am in good physical condition and have no impairments that may prevent my participation in these physical activities.
- I have been advised to consult a physician prior to starting any exercise program.

- I have been advised to immediately cease physical activity if I experience any unusual discomfort or feel the need to stop.

***I have read and understand this agreement. I have been made fully aware of and understand the potential risks involved in this physical fitness program. I hereby consent to those risks and I am freely and voluntarily participating in this program. We knowingly and willingly enter into this agreement with Jon Speakman Personal Training. We are aware and assume all risks associated with the exercise program designed by Jon Speakman Personal Training. I am freely signing this agreement.***

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Signature of Client

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Date

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Printed Name of Client