

Train Smart with Steph Informed Consent Form

This is a very important legal document that explains the risks you are assuming by beginning an exercise program. It is essential that you read and understand this document completely. After you have done so, please print your name and sign it in the space provided.

I, _____, give my consent to participate in the physical fitness assessment and training given by Stephanie Clemens of Train Smart with Steph. This training may include, but may not be limited to resistance training and cardiovascular exercise.

I, _____, have been informed of, and understand that any exercise program carries some risk to the musculoskeletal system (i.e. sprains and strains) and the cardiorespiratory system (i.e. dizziness, difficult breathing, heart attack). I certify that I know of no medical problem that would increase my risk of illness and injury as a result of participation in a regular exercise program and I am using equipment and machinery with full knowledge, understanding the dangers involved. This waiver and release of liability includes without limitation, injuries which may occur as a result of equipment belonging to the trainer that may malfunction or break and/or slipping, falling or dropping equipment. I hereby agree to expressly assume and accept any and all risks of injury, regardless of severity or death.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing in an exercise program or initiating a substantial change in the amount of physical activity performed on a regular basis. If I have chosen not to obtain a physician's consent prior to beginning this fitness program with Stephanie Clemens, I hereby agree that I am doing so solely at my own risk. In any event, I acknowledge and agree that I assume the risks associated with any and all fitness related activities and/or exercises in which I participate.

I understand that I will undergo initial assessment to determine my current physical fitness status. This will include completion of a health inventory, taking a step test for cardiovascular fitness, and being tested for muscular fitness and body composition. I also understand that the results of these assessments will provide Stephanie Clemens of Train Smart with Steph with essential information used in the development of a personalized fitness program. I understand that the results of these tests will only be made available to me and that this testing is not intended to replace any medical testing provided by a physician. I will be provided with a copy of my test results and I may share the results with whomever I please, including my personal physician. By signing this consent form, I understand that I am personally responsible for my actions during my time at Train Smart with Steph and I waive the responsibility of this business if I should incur any injury while participating in training.

Name (print): _____

Signature: _____

Date: _____