



## Informed Consent

I hereby voluntarily give consent to engage in exercise.

I understand that the exercise will involve progressive stages of increasing effort and that at any time I may terminate the test for any reason. I understand that during some exercise I may be encouraged to work at maximum effort and that at any time I may terminate the exercise for any reason.

I understand there are certain changes which may occur during the exercise.

They include abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack. I understand that every effort will be made to minimize problems by preliminary examination and observation during exercise.

I understand that I am responsible for monitoring my own condition throughout exercise, and should any unusual symptoms occur, I will cease my participation and inform the administrator of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, faintness, nausea, difficulty in breathing, and joint or muscle injury.

Also, in consideration of being allowed to participate in the exercise, I agree to assume all risks of such fitness exercise, and hereby release and hold harmless LisaClarkFitness, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessments.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Name	Date
Witness	Date