



## **Informed Consent Form for The Shred Intensive Program**

### **Client Contact Information:**

Name:

Phone:

Full Address:

Emergency contact:

### **General Statement of Program Objectives and procedures:**

I understand that prescribed personal training programs may include exercises to improve cardiorespiratory fitness (heart and lungs), the musculoskeletal system, (including muscular endurance, strength and overall flexibility), and promote physiological changes (increasing muscle and bone density and decreasing body fat)

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

I understand that the reaction of the heart, lung, blood vessels as well as other systems to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during the following exercise, which include abnormalities of blood pressure or heart attacks as well as other side effects. Use of weight lifting equipment, and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up, gradual progression, and safety procedures are not consistently followed. I understand that personal trainer shall not be liable for any damages arising from personal injuries sustained by client while and during and/or from a personal training program does so at his/her own risk. The client assumes full responsibilities for any injuries or damages which may occur during and/or after training.

I hereby fully and forever release and discharge the personal trainer, its assigns and agents from all claims, demands, damages, rights of action, present and future therein.

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed on the health history form).

I state that I have had a recent physical check-up and have my personal physician's permission to engage in aerobic and/or anaerobic conditioning.

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

I understand that a program of regular exercise for the heart, lungs, muscles and joints has many benefits associated with it. These may include a decrease in body fat, improvement in



blood fats and blood pressure, improvement in physiological function and decrease in heart disease.

I have read the foregoing information and understand it. Any questions, which may have occurred, have been answered to my satisfaction.

**Signature of Client:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature of Coach:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **Photographs/Videos**

I do/do not give permission for photographs and videos to be taken. Images may/may not be used by Fit2The Training Systems Ltd on their website, social media, promotional material and press reports.

### **Data Protection**

The information supplied on this form will be kept secure and accurate and will only be used by Fit2The Core Training Systems Ltd for administration purposes.