

Informed Consent for Personal Training Program

I, _____, hereby voluntarily give consent to Kennesaw State University Student Recreation & Wellness Center to engage in a fitness program(s). I understand that the personal trainers at the Kennesaw State University Student Recreation & Wellness Center are not employees of Kennesaw State University and work for Corporate Fitness Solutions, Inc.

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include but are not limited to increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance.

I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardiorespiratory system (abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack, stroke, or death). 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 trainer of the symptoms. Unusual symptoms include, but are not limited to; chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

Also, in consideration of being allowed to participate in a fitness program, I agree to assume all risks of such fitness exercise, and hereby release and hold harmless the Board of Regents of the University System of Georgia, Kennesaw State University, KSU Student Recreation & Wellness Center, Corporate Fitness Solutions, Inc., and their employees, supervisors, agents, representatives, or anyone affiliated with the Recreation programs, 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 program.

At any time, I can stop exercising for any reason. If a trainer directs me to a specific exercise and I do not feel comfortable, I feel pain, or any other symptoms undesirable, the exercise will cease.

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 _____