

INFORMED CONSENT FOR EXERCISE PARTICIPATION

I desire to engage voluntarily in an exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardiorespiratory system and thereby attempt to improve function. The reaction of the cardiorespiratory system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include, but are not limited to, abnormalities of blood pressure or heart rate.

I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, muscular strength, and endurance. A specific exercise plan will be given to me, based on my needs and interest. All exercise programs include warm-up, exercise, and cool-down. The programs include, but are not limited to, walking, jogging, aerobic exercise, and strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target heart rate or perceived exertion of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and that should any symptoms occur, I would cease my participation and inform the instructor of the symptoms immediately.

In signing this consent form, I affirm that I have read this form in its entirety, and I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

In the event that medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in this exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless Body Resolution, LLC, Mark Polich Golf, its employees and agents, specifically personal trainers under contract with Body Resolution, LLC, and Mark Polich Golf from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result in my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

Signature

Date

Signature of guardian (if under 18)

Date