



PRIORITY ONE ...CREATING A MORE COMFORTABLE YOU.

Informed Consent for Exercise Participation

I desire to engage voluntarily in Priority One in order to attempt to improve my physical fitness/wellness. I understand that the activities are designed to place a gradually increasing workload on the cardiorespiratory system and thereby attempt to improve its function. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I understand that the purpose of the program is to improve, develop, and maintain cardiorespiratory fitness, muscular strength, and endurance. The program is designed to place a gradually increasing workload on the body in order to improve overall fitness and will likely involve standing, walking, bending, lifting, reaching, performing moderate to intense aerobic aka cardiovascular and/or anaerobic aka strength training activities which may incorporate varied fitness equipment such as, but not limited to, free weights, resistance bands, resistance and/or physioballs etc.

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

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

Also, in consideration for being allowed to participate in the program, I agree to assume the risk of such exercise, and further agree to hold harmless Priority One, Alexis Mason (owner) and its/her staff members conducting the exercise program from any and all claims suits, losses, or related causes of action for damages, including but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

By signing the Signature Page of this Informed Consent for Exercise Participation form, I affirm that I have read this form in its entirety and that I understand that the nature of the exercise program. I also affirm that my questions regarding the program have been answered to my satisfaction.

Informed Consent for Exercise Participation Signature Page

Signature of participant

Date

Please print:

Name

DoB

Address

Phone

IMPORTANT: If you are currently being treated for an on-going condition, clearance from your personal physician and/or attending specialist may be required. If such a release is necessary, please provide the name and contact information for tending physician below.

Name of Personal Physician or Specialist:

Physician's phone and address:

Please list medication/s, dosage & it's/their related illness/ailment/injury:
