**Informed Consent Form**

**I (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to participating in this consultation and subsequent physical assessments and training.**

**The consultation and all assessment procedures have been explained to me, and I understand what I will be required to do.**

**Any exercise program carries with it an element of risk. Your sessions are designed to minimize the risks while providing an effective training program. Please inform your trainer if you should not participate in an activity for any reason (such as illness or injury, which might be aggravated by exercise).**

**During your sessions with your trainer present, you will be closely supervised. During your sessions, where your trainer is not present, you will be responsible for your own safety. If, at any time, you feel undue pain or excessive discomfort, stop the activity, and inform your trainer of your symptoms.**

**You are free to withdraw from any activity at any time you wish.**

**I have read, understood, and completed the PAR-Q. All questions have been answered to the best of my knowledge.**

**I agree to take part in the program described to me by my trainer. The purpose, risks, and benefits have been explained to me, and I understand what is required of me and that I may withdraw at any time.**

**Client Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Client Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Trainer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_**