

# Informed Consent

The purpose of this document is to help ensure that you are fully aware of the possible risks that could arise as a result of you participating in physical activity.

The purpose of the training or exercise programme that you are about to participate in, has been designed to improve your longer long term physical health and may include working on the following components of exercise:

- Cardiovascular
- Muscular strength
- Muscular endurance
- Flexibility
- Motor skills (agility, reaction time, speed, balance, coordination, power etc.)

The training programme may include using resistance machine, free weights and a variety of different training resource including (but not limited to) treadmills, resistance machines, dumbbells, barbells, dyna band, trampolines, body bars, power bags, stability balls and boards, benches, mats, skilling ropes, suspension ropes etc. The exercise programme is designed to place a gradual overload on the cardiovascular and muscular system so that over time their function improves, thus helping to reduce the risk of some chronic diseases and health conditions such as reducing the risk of coronary heart disease.

However, whilst every effort will be made to carry out individual screening and risk assessments to reduce any risk, the reaction of the cardiovascular and muscular system cannot always be predicted with complete accuracy.

Therefor there is a risk of changes that could happen to the body such as changes to blood pressure or heart rate that could cause discomfort or worse.

In signing this document, you are accepting the potential risks that could occur. You are also agreeing that you have had time to ask questions of your instructor and the answers provided have been acceptable to you. You are signing to agree that you are entering into exercise of your free will and that you are entitled to withdrawn your participation from the exercise at any point should you feel unwell.

You are agreeing to notify your instructor immediately should you feel unwell and you also agree to let your instructor know if there are any changes to your health or wellbeing at the start of each training session.

Signature of Client \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness / Instructor \_\_\_\_\_ Date: \_\_\_\_\_