



Waiver and Informed Consent

1. Assumption of Risk

The risk of exercising is less than the risk of not exercising and I understand that there are inherent risks involved with any vigorous physical conditioning program. I understand that *Kevin R. Burgess – Total Human Performance LLC* cannot guarantee an injury or pain free experience. Furthermore, **I understand that exercise induces cardiovascular stress and that there is always a chance of acute or severe injuries including, but not limited to, cardiovascular accidents, heart rhythm abnormalities, stroke, heart attack, death, paralysis, bruises, scrapes, fractures, sprains, strains, dizziness, and discomfort in breathing.**

I also understand that I should obtain my physician's permission prior to embarking on any exercise program especially if I have not been engaging in strenuous or regular exercise, if I am over 40 years of age, or have a prior history of cardio-respiratory problems or prior injuries.

I hereby certify that, to my knowledge, I do not have problems with heart disease, high blood pressure, pain with exertion, diabetes, convulsions, or bleeding disorders and that to my knowledge, I do not have any other chronic or acute conditions that might be aggravated by a physical fitness program or might make me more susceptible to the above mentioned risks of this exercise program.

____ (initial here) **If I have any of the above-mentioned conditions, my attending physician has to give me written permission to participate in this exercise program and such permission is attached hereto.**

2. Participant Acknowledgements (please initial each)

____ I am voluntarily participating in the physical fitness and/or health coaching program.

____ I understand the potential risks involved in physical activity.

____ I understand that positive physiological adaptations can occur in a regular program of physical activity including improved cardiovascular efficiency, increased muscular strength, flexibility, power, and endurance and while these results are the priority, they are not guaranteed.

____ I will cease activity and inform the personal trainer/health coach of any perceived or suspected injury from the exercise.

____ I am in acceptable condition and pose no limitations for activity.

3. Waiver and Release of Liability (please initial each)

____ I understand that I assume all risks and I am personally responsible for all of my actions in the exercise program.

____ I do hereby release *Kevin R. Burgess – Total Human Performance LLC*, of liability related to injuries or accidents which may occur with participation and/or use of exercise equipment in this exercise program.

4. Confidentiality and Use of Information

Information obtained in this personal fitness training program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent.

Participant Signature: _____ Date: _____

Print Name: _____