

Informed Consent

1. Assumption of Risk

I understand that there are inherent risks involved with physical activity. 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, stroke, heart attack, death, paralysis, bruises, scrapes, fractures, sprains, strains, dizziness, and discomfort in breathing.**

By signing this consent form I understand that I assume all risks and I am personally responsible for all of my actions in the exercise program.

I hereby certify that I know of no medical problem (except those indicated below) that would increase my risk of illness and injury as a result of participation in a regular exercise program:

2. Participant Acknowledgements (please initial each)

- _____ I am voluntarily participating in the physical fitness 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 understand that physical touching may be necessary to teach safe and proper form with all exercises.
- _____ I will cease activity and inform the personal trainer of any perceived or suspected injury from the exercise.
- _____ I am in acceptable condition and pose no limitations for activity unless listed above.

Total Human Performance LLC occasionally takes photos of its participants for its Website, Facebook, Twitter, promotional material, press release, and other forms of public display.

Do you allow Total Human Performance LLC to use images of yourself?

YES _____ NO _____

3. 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. I do, however, agree to the use of any information that is not personally identifiable with me for research and for statistical purposes so long as same does not identify me or provide facts that could led to my identification.

Participant Signature: _____ Date: _____

Print Name: _____ Date: _____