

Informed Consent for The Total Training Company

I _____, hereby consent, voluntarily to participate in **The Total Training Company's** exercise and testing programs in order to evaluate and improve my fitness level.

Explanation of fitness testing and exercise sessions

Fitness testing may consist of components designed to measure heart rate, blood pressure, body composition, height, weight, cardiovascular endurance, muscular strength and range of motion. Exercise sessions may consist of cardiovascular conditioning, strength training and range of motion training. These activities are designed to place a gradually increasing workload on the body and thereby improve its functioning although no guarantee of improvement can be made. I understand these activities will bring about feelings of exertion and temporary fatigue. These activities may be stopped at any time because of fatigue, discomfort or for any other personal reason.

Possible Risks of Participation

I understand there are possibilities of injury or other complications including, but not limited to: musculoskeletal injuries, cardiovascular trauma, neurological impairment, heart attack, or even death. Every effort will be made to avoid any adverse reactions by health history screening, observations during activities and/or medical clearance. The personnel conducting the testing and exercise programs have been trained in basic emergency first aid.

Inquiries and Responsibilities

All testing and exercising procedures will be explained before proceeding. Please feel free to ask any questions concerning the activity. I may refuse to participate in any activity at any time. It is my responsibility to report any feelings of pain or discomfort during all activities. It is my responsibility to give the necessary information needed for **The Total Training Company** to contact my physician or I will personally consult with my physician concerning my fitness program.

Purpose of Testing

I understand that the purpose of testing is to provide information on current fitness levels and possible changes brought about by exercise. This information may be compared to norms based on sex and/or age. I am aware that fitness testing is not intended to replace any medical screening I may require.

I have read and understood the above and voluntarily consent to participate in the programs provided by **The Total Training Company**.

Signed _____

Date _____