



INFORMED CONSENT: STARTER, JUMP START, PERSONAL TRAINING

I, the undersigned, do hereby acknowledge:

- My consent to participate in a consultation concerning my physical activity, sedentary behaviour and other lifestyle factors such as smoking and nutrition.
- My consent to perform an exercise program designed by trained and certified fitness professional;
 - o I understand the content of the exercise program will be based on assessment results (if applicable) and direct consultation with a trained and certified fitness professional where my physical activity, sedentary behaviour and other lifestyle factors such as smoking and nutrition may be discussed.
- My understanding that exercises will consist of one or more of the following components: cardiovascular aerobic exercise; muscular strength, endurance and power; flexibility and balance.
- I understand there are small but potential risks during physical activity (i.e. episodes of transient lightheadedness, loss of consciousness, abnormal blood pressure, chest discomfort, leg cramps, nausea, or in very rare instances, heart attack) and that I assume willfully these risks.
- My obligation to immediately inform the fitness professional of any abnormal symptom that I may suffer during and immediately after the training session.
- My understanding that I may stop or delay any exercise if I so desire and that the training session may be terminated by the fitness professional upon observation of any symptoms of undue distress or abnormal response.
- My understanding that I may ask any questions or request further explanation or information about the procedures at any time before, during and after the exercise training session.
- I have read, understood, and completed the medical screening questionnaire(PAR-Q) and obtained medical clearance if necessary.
- I hereby release Recreation Services, University of Manitoba, its agents, officers, and employees from any liability with respect to any damage or injury (including death) that I may suffer during the administration of the appraisal except where damage or injury is caused by the negligence of Recreation Services, University of Manitoba, its agents, officers and employees acting within the scope of their duties.

Printed Name of Client

Signature of Client (Parent/guardian if under 18)

Date

Witness

Date