

INFORMED CONSENT – MEMBERS

(For participation in all activities at the Fitness Terminal)

Thank you for choosing to use the activities, facilities, programs or services of the Fitness Terminal. We require your understanding and cooperation in maintaining your health and safety by reading and signing the following INFORMED CONSENT AGREEMENT.

Date: _____

I, , declare that I intend to use some or all of the activities, facilities, programs and services (hereinafter called "activities") offered by The Fitness Terminal. I understand that each person (myself included) has a different capacity for participating in such Activities. I am aware that all Activities offered are either educational, recreational or self-directed in nature. I assume full responsibility during and after my participation in such Activities and for my choices to use or apply at my own risk any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any of the Activities is relative to my own state of fitness or health (physical, mental or emotional) and to the awareness, care and skill with which I conduct myself in any of the Activities of the Fitness Terminal. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any of the Activities and I realize that I should do so on recognition of any signs of physical discomfort, which may include; transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the possible risks involved in participating in a fitness training program may include and are not limited to muscle, tendon, ligament, bone and joint soreness; muscle, tendon and ligament strain, tear or rip; bruising; death; skin lacerations, tears, cuts or punctures; shortness of breath, dizziness, fainting or fractures; fatigue, sweating; eye punctures; heart attack or stroke; aggravation of any existing or past injury; discomfort or problem with any other injury; discomfort or physical problem associated with physical activity. While participating in Activities, I am aware that members are required to wear closed-toe athletic shoes in the Fitness Terminal and all other exercise areas.

I have read the above list of possible risks associated with fitness training.

Initials

I consent to taking all of the above noted risks by **VOLUNTARILY PARTICIPATING.**

Initials

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT AGREEMENT, in its entirety.

Participant Signature: _____

Witness: _____

Date: _____

Date: _____