



## Informed Consent for Participation in the LR Grace Personal Training Program

- I hereby consent to voluntarily engage in a plan of personal training activities that are recommended to me for improvement of my general health and well being. The levels of exercise I perform will be based upon my cardiorespiratory and muscular fitness. I will be given exact instructions regarding the amount and kind of exercise I should perform. I agree to participate in accordance with the Laura's instruction. As she has been trained as a fitness professional, she will provide leadership to direct my activities, monitor my performance, and evaluate my effort.
- If I am taking prescribed medications, I have already so informed my trainer, Laura, and will inform her of any changes my doctor or I make with regard to the use of prescription drugs.
- I have been informed that during my participation in the personal training program, I will voluntarily complete the physical activities unless symptoms of fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At any point, I understand that it is my complete right to decrease or stop exercise, and it is my obligation to inform Laura of my symptoms.
- I have been informed that physical touching and/or positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, and to ensure that I am using proper technique and body alignment. I express consent to physical contact for these reasons.
- I understand and have been informed that there exists the possibility of adverse changes and/or risk of bodily injury occurring during exercise including, but not limited to: abnormal blood pressure, fainting, dizziness, disorders of the heart rhythm; in rare instances heart attack, stroke, or death; and injuries to muscles, ligaments, tendons and joints. I have been told every effort will be made to minimize these occurrences by communicating with Laura and by my own careful control of exercise efforts. I fully understand and accept the risks associated with exercise, including the risk of bodily injury, heart attack, stroke, or even death, but knowing these risks, it is my desire to participate as herein indicated.
- I understand that this program may benefit my physical fitness or general health, and if I follow the programs' instructions, my exercise capacity and fitness level may improve after a period of 3-6 months. However, the program cannot guarantee any particular level of improvement. I recognize that involvement in the personal training sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment, and regulate physical effort.

- I have been informed that the information obtained in the personal 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 except as required by law or the courts. I agree to the use of any information for the purpose of consultation with other health/fitness professionals, including my doctor. Any other information obtained will only be used by the program staff in the course of recommending exercise for me and evaluating my progress in the program.
- I have been given the opportunity to ask certain questions as to the procedures of this program. I understand that other risks may be associated with this personal training program. I agree to hold Laura harmless from any claims related to any injury or illness that may result from my participation.
- I understand that all cancellations must be made a minimum of 24 hours prior to the scheduled in-person training session. Cancellations made be made by texting or calling Laura at 312-623-1503. If a cancellation is made less than 24 hours of the scheduled training session, I understand that I will be charged for one session.

_____	_____	_____
Participant (Please Print)	Participant (Signature)	Date

_____	_____	_____
Personal Trainer	Trainer Signature	Date