

McLean Racquet and Health Club EXERCISE CONSENT FORM

I, _____ (your full name), agree to participate in McLean Racquet & Health Club's (MRHC) assessment and exercise programs. I understand the programs range from low to moderate to vigorous intensities, some requiring maximal efforts. These programs may include:

- Resting heart rate and blood pressure readings
- Bodyfat/Bodyweight measurements
- Alignment and mobility assessment and Flexibility measurements
- Functional core stability movements (balls, dynabands, etc.)
- Free weight/machine/Band/Body Bar resistance training
- Cardiovascular training

I understand that the test results will be used to develop a customized exercise program. I also realize that certain inherent risks are involved while performing the exercises.

To the best of my knowledge, I have no known medical or physical conditions that may affect or restrict me from participation in exercise, assessment, or personal training programs. I agree to consult my physician and obtain written medical clearance (if required), prior to participation in any of the fore mentioned programs.

I understand that I am solely responsible for monitoring my own condition throughout any of the exercise and testing programs. Should any symptoms occur, I would cease my participation and inform the instructor immediately of the symptoms. In consideration for being able to participate in these programs, I agree to assume the risk of such exercise and testing, and further agree to hold harmless MRHC who is conducting the exercise programs and testing from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise programs.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise and testing programs. I also affirm that my questions regarding these programs have been answered to my satisfaction.

Participant Name (print)

Participant signature

___/___/___
Date

Parent/Guardian Signature

Trainer