



Personal Training Informed Consent Form

I, (print name) _____, give my consent to participate in the physical fitness evaluation programs conducted by Lisa G. Wright, of L.G.W. Fitness Incorporated, d.b.a. Your Personal Best Training Studio and staff.

Benefits Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes include increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance.

Risks I recognize that exercise carries some risk to the musculoskeletal system (sprains, strains) and the cardiorespiratory system (dizziness, discomfort in breathing, heart attack). I hereby certify that I know of no medical problem (except those noted; attached) that would increase my risk of illness and injury as a result of participation in a regular exercise program.

Testing and Evaluation Results I understand that I will undergo initial testing to determine my current physical fitness status. The testing will consist of completing this health inventory, wearing a heart rate monitor for exercise sessions (based on health inventory evaluation), taking a four point skin fold caliper check and/or using a machine to measure % of bodyfat for muscular fitness and body composition. Measuring inches, over five points, has also proven useful in determining muscle gain and/or fat loss progress. We encourage before and after photos as well.

I further understand that such evaluation is intended to provide Lisa G Wright, CFT with essential information used in the development of individual fitness programs. I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my physician. Upon request I will be provided a copy of all test results. I may share the results with whomever I please, including my personal Physician.

By signing this consent form I understand that I am personally responsible for my actions during my physical training, and that I waive the responsibility of Lisa G. Wright, CFT & her fitness professionals should any injury incur as a result of my negligence.

Signed: _____ Date: _____

Witness: _____ Date: _____