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: ______________________