

Informed Consent, Release and Assumption of Risk

I, _____ voluntarily consent to engage in a fitness assessment, including exercise testing, and a personal fitness training program. I understand that the cardiovascular exercise test will involve progressive stages of increasing effort, and that at any time; I may terminate the test for any reason. I understand that during some tests I may be encouraged to work at maximum effort and that at any time, I may terminate the test for any reason.

The reaction of the cardiovascular system to aerobic or weight-lifting activities cannot always be predicted with complete accuracy. I understand certain physical changes may occur during the exercise testing and during the personal fitness training program. Such changes include abnormal blood pressure, fainting, disorders of the heart rate and very rare instances of heart attack or cardiac arrest. I understand that every effort will be made to minimize problems by preliminary examination and observation during testing, exercising and any personal training.

Even though I will be observed during the testing and personal fitness training program, I understand that I am responsible for monitoring my own condition at all times during testing exercise and the personal training program, and should any unusual symptoms occur, I will cease participation and inform the test administrator and/or my personal trainer of the symptoms. Such symptoms could include but are not necessarily limited to: nausea, difficulty in breathing, chest discomfort, and joint or muscle injury.

I also understand that an emergency protocol has been planned, in the event an emergency situation occurs; I am financially responsible for any emergency services that may be necessary.

I agree to assume all risks of the testing, exercise and the personal training program and hereby, for myself, my heirs, personal representatives or assigns, release, indemnify and hold harmless **Personally Trained by Sophie, LLC** and their agents and employees from any and all health claims suits, losses or causes of action for damages, injury or death including claims for negligence, arising out of or related to my participation in the fitness assessment, exercise or fitness training program.

I have read the foregoing carefully, and I understand its content and these and other risks that are inherent in a fitness assessment, exercise testing, exercise and personal training. Any questions that may have occurred to me concerning this Informed Consent, Release and Assumption of the Risk have been answered to my satisfaction. My participation in the fitness assessment, testing, exercise and personal training is voluntary and I knowingly assume these risks. I sign this agreement freely and voluntarily, and not under duress or a misrepresentation of facts. If any part of this agreement is held invalid, I agree that the remainder of the agreement shall have full legal effect.

Printed Name: _____

Signature: _____

Date: _____

Witness: _____

Signature: _____

Date: _____

Email: _____