

# Release Form

## Informed Consent Form

I, \_\_\_\_\_, give my consent to participate in the physical fitness evaluation program and ongoing exercise program conducted by **Action Personal Training/Action Boot Camp (TSAPT,Inc.)**

### 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 in the health history questionnaire) 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, taking a push-up test, sit-up test, flexibility test and being measured for muscular fitness and body composition. I further understand that such screening is intended to provide **Action Personal Training/Action Boot Camp (TSAPT,Inc.)** 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. 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 tenure with **Action Personal Training/Action Boot Camp (TSAPT,Inc.)**, and that I waive the responsibility of **Action Personal Training/Action Boot Camp (TSAPT,Inc.)**, if I should incur any injury as a result of my negligence.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_