

## **Informed Consent Fitness and Exercise**

I have been offered and urged to attend a Wellness Coaching session at the Marion Family YMCA before using any equipment or beginning any exercise. I have completed the PAR-Q self assessment, for myself or my child, and understand that I am responsible for deciding whether or not to consult with my physician to determine any health risks associated with my, or my child's, exercising.

I understand that the exercise will place an increasing workload on my, or my child's cardiorespiratory and musculoskeletal systems and there is a risk of physical changes during or following my exercise. I understand that failure to use equipment or exercise properly may result in injury, illness, or medical problems including but not limited to fractured or broken bones, strained or torn muscles, tendons, or ligaments, dizziness, feeling light headed or becoming faint, stroke, heart attack, joint problems, or other physical problems.

I understand that I am responsible for monitoring my, or my child's, own condition throughout any exercise and should any unusual symptoms occur, I will cease my participation and inform a fitness instructor, another YMCA professional staff member, or the service center attendant.

I certify that I, or my child, have no physical condition which would prevent me, or my child, from safely engaging in an exercise program and agree to abide by all the rules and regulations of the Marion Family YMCA and in particular those of the YMCA Wellness Center.

In consideration for being allowed to participate in exercise programs and activities of the Marion Family YMCA, I agree to assume the risk of such exercise and inherent dangers from exercise and use of the equipment. I hereby release the Marion Family YMCA and its staff members from any and all claims, suits, losses, or related causes of action for damages related to my, or my child's, exercise program and hold them harmless from anything arising therefrom.

In signing this release and consent form, I affirm that I am legally capable of so acting, that I have read this form in its entirety.

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Date

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Printed Name of Member / Participant

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Signature of Member / Participant or of Parent / Legal Guardian if a Minor