

## Informed Consent for Exercise Participation and Testing

I hereby consent to engage voluntarily in the exercise testing and fitness program at Balance Physical Therapy in order to determine my circulatory and respiratory fitness and to improve my physical fitness. If indicated, a specific exercise plan will be given to me based on my needs, interests, and possibly my doctor's recommendations. Exercise may include aerobic and strength activities as well as flexibility exercises. In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission prior to my admittance as a patient of Balance Physical Therapy. I will only perform those exercises prescribed for me.

Before I undergo the test or fitness program, I certify that I am in good health and have had a physical examination within the last \_\_\_\_ months. Further, I hereby represent that I have completed the Health History form and have provided correct responses to the question on this form. I recognize that my failure to do so could lead to possible unnecessary injury to myself. I am told that the test I will undergo will be performed on a piece of cardiovascular equipment that suits my preference and comfort. I understand that during this test intensity will gradually be increased until symptom such as fatigue, shortness of breath, or chest discomfort may appear, indicating to me that I should stop. I understand that I am responsible for monitoring my own condition throughout the exercise test or fitness program and should any unusual symptoms occur, I will cease my participation and inform Balance Physical Therapy staff of my symptoms. I understand the reaction of my heart, lungs, and blood vessels to such exercise cannot always be predicted with accuracy. I know that there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate, ineffective function of the heart and in rare instances, heart attack or death. Use of strength equipment can lead to musculoskeletal strains, pains, and injury if adequate safety procedures are not followed. In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have answered to my satisfaction.

Also, in consideration for being allowed to participate in Balance Physical Therapy's program, I agree to assume the risk of such exercise, and further agree to hold harmless Balance Physical Therapy, its staff members and affiliates who supervise the exercise program from any and all claims, suits, losses or related cause of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from the exercise program at Balance Physical Therapy.

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_

Date \_\_\_\_\_