



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# INFORMED CONSENT FOR EXERCISE PARTICIPATION

I, \_\_\_\_\_ desire to engage voluntarily in an exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardio respiratory system and thereby attempt to improve function.

The reaction of the cardio respiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate. I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction. In the event that medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

By signing this document, I assume all risk and responsibility for my health and well-being and do not hold the YMCA of Northern Colorado, the facility or any persons involved with this program responsible. I understand that questions and concerns about exercise procedures and recommendations are encouraged, welcomed and kept confidential. I have informed the instructor of any medical conditions and/or concerns that I have and will inform the instructor if my history should change.

**I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.**

Participants Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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