

MASTER FITNESS INC.

INFORMED CONSENT

1. PURPOSE AND EXPLANATION OF PROCEDURE

I, _____, hereby agree and consent to voluntarily participate in a personal fitness assessment and a program of personal fitness training. I understand that I will be administered a fitness test prior to the start of my personal fitness training to determine my present level of fitness. A certified personnel fitness trainer will direct my conditioning activities, monitor performance, and evaluate effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during the personal fitness training sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow my personal fitness trainers' instructions with regard to exercise, nutrition, stress management, smoking cessation and other health and fitness regarded issues. If I am taking prescribed medications, I have already informed my personal fitness trainer and further agree to do so and inform them promptly of any changes which my doctor or I have made with regard to the use of said medications. I will be given the opportunity for periodic assessment with evaluations at regular intervals at the start of the training and at six (6) month intervals thereafter. I have been informed that during my participation in exercise, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort, or similar occurrences appear. At that point, I have been advised it is my complete right to decrease or stop exercise and that it is my obligation to inform my personal trainer of my symptoms. I hereby state that I have been so advised and agree to inform my personal fitness trainer of my symptoms, should any develop. I understand that during the performance of exercise, my personal trainer will periodically monitor my performance and perhaps measure my pulse, blood pressure, or assess my feelings of effort for the purpose of monitoring my progress. I also understand that my personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and in my best interest.

2. RISKS

It is my understanding and I have been informed that there exists the remote possibility during exercise of adverse changes including, but not limited to, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury including, but not limited to, injuries to the muscles, ligaments, tendons and joints of the body. Every effort, I have been told, will be made to minimize these occurrences by my personal fitness trainers' assessments of my condition before each personal fitness training session, my personal fitness trainer's supervision during exercise and by my own careful control of exercise efforts. I fully understand the risks associated with exercise, including the risk of bodily injury, heart attack, stroke or even death, but knowing the risks, it is my desire to participate as herein indicated.

3. CONFIDENTIALITY AND USE OF INFORMATION

I have been informed that the information which is obtained in this fitness assessment will be treated as privileged and confidential and will consequently not be released or revealed to any person. I consent to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by my personal fitness trainer to evaluate my exercise status or needs.

4. INQUIRIES AND FREEDOM OF CONSENT

I have been given an opportunity to ask questions as to the procedures and have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign freely and voluntarily, without inducement.

I further understand that there are also other remote risks that may be associated with this program. Despite the fact that a complete accounting of all these remote risks is not entirely possible, I am satisfied with the review of these risks which was provided to me and it is still my desire to participate. I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same. I consent to the rendition of all services and procedures as explained herein by my personal fitness trainer and to the provision of emergency care response and CPR if necessary.

Participants Signature: _____

Date: _____

Witness: _____

Date: _____

Personal Fitness Trainer: _____

Date: _____

NADINE M. BERNATHY