



INFORMED CONSENT

Services and Programs:

- Wellness Center Orientation**
- Fitness Assessment**
- Personal Fitness Training**
- WOW Me! (Workout with Me; 11 years old and parent/guardian)**
- Wellness Center Teen Orientation (12 & 13 years old and parent/guardian)**

Benefits to be expected from an exercise program: An exercise program has the potential to develop and maintain cardiorespiratory fitness, muscular strength and endurance, flexibility, and improve body composition. You may notice a change in body weight, blood pressure, resting heart rate, muscle strength, appetite, quality of sleep, and other health indicators.

Risks and Discomforts: You may experience muscle soreness and fatigue following an exercise session, and in the days that follow.

Use of medical information: The information that is obtained from your Health History form, addendums, and verbally will be treated as confidential. It will not be released or revealed to any person except your referring physician without your written consent.

Responsibilities of the Participant (YOU): Information you have about your health status and any previous experiences of heart-related symptoms (e.g. shortness of breath with low-level activity, pain, pressure, tightness, heaviness in the chest, neck, jaw, back, and/or arms) with physical effort may affect your safety of your exercise program. Your prompt reporting of these and any other unusual feelings with effort during the exercise session is very important. You are responsible for fully disclosing your medical history, as well as symptoms that may occur during the exercise session. If you have any concerns or questions about your exercise program, we encourage you to ask for further explanations.

Consent: I hereby consent to voluntarily engage in exercise sessions. I understand that I am free to stop an exercise and/or the session at any time if I so desire. **I understand and agree that during the exercise session, I am not receiving physical therapy or medical treatment. Personal Trainers cannot diagnose, treat, or cure any medical condition. Please consult your physician before beginning any exercise program.** _____ (Initial)

I have read this informed consent and understand the potential risks and discomforts of all types of exercise. I am signing this informed consent form voluntarily.

Client's Signature _____ Date _____

Client's Printed Name _____

If the person participating in the Personal Training program is not yet 18 years old: As a parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this waiver, release and consent.

Parent/Legal Guardian Signature _____ Date _____

Printed Name _____



WAIVER & RELEASE OF LIABILITY

I, _____ (print your name) wish to participate in a Wellness Center Fitness Orientation, Fitness Assessment, Personal Fitness Training, WOW Me!, and/or Wellness Center Teen Orientation program(s) at the Greater Valley Young Men’s Christian Association (the Y). I understand and acknowledge that participation in *exercise* orientations, assessments, and programs involves inherent risks of physical injury, and I assume all such risks.

1. Identification of Risks: I understand that participation in *exercise* may involve risk of injury, disability and death.

2. Assumption of Risk: I am physically and psychologically ready to participate in *exercise* and assume all risks connected with my participation in the Wellness Center Fitness Orientation, Fitness Assessment, Personal Fitness Training, WOW Me!, and/or Wellness Center Teen Orientation program(s). I accept personal responsibility for any liability, injury, loss or damage in any way connected with my participation in the Wellness Center Fitness Orientation, Fitness Assessment, Personal Fitness Training, WOW Me!, and/or Wellness Center Teen Orientation program(s).

3. Status of the staff at the Greater Valley Young Men’s Christian Association: I understand that Personal Trainers and Exercise Technicians of the Y (including its affiliated organizations, directors, officers, sponsors, employees, agents, successors, and assigns) are not my physician and that the *exercise program* does not constitute the provision of medical or health care services.

4. Waiver and Release: For good and valid consideration, and intending to be legally bound hereby, I, on behalf of myself, my heirs, executors, personal representatives, administrators, insurers, successors and assigns hereby release and discharge Greater Valley Young Men’s Christian Association and each of its affiliated organizations, directors, officers, trustees, sponsors, employees, agents, successors, and assigns from all claims for any liability, injury (including, without limitation, serious injury and death), loss, or damage in any way connected with my participation in the *exercise program*, whether or not caused in whole or part by the negligence of any of the organizations or individuals mentioned above. I intend for this waiver and release to also apply to my relatives, personal representatives, heirs, beneficiaries, next of kin, and assigns who might pursue any legal action or claim for such liability, injury, loss or damage. I further intend that this waiver and release shall be effective indefinitely. This waiver and release nullifies any prior waiver and release signed by me for the Wellness Center Fitness Orientation, Fitness Assessment, Personal Fitness Training, WOW Me!, and/or Wellness Center Teen Orientation program(s) at the Greater Valley Young Men’s Christian Association.

5. Photo Release: I understand that the Y may use my or my family’s pictures for promotional and marketing materials. I agree to allow pictures, video, and audio tapes of any one of our family members for promotional and marketing material for no compensation.

By signing this document, I hereby acknowledge that I am at least 18 years of age and have read the above carefully before signing, and agree with all of its provisions.

Client’s Signature _____

Date _____

Client’s Printed Name _____

If the person participating in the Activity is not yet 18 years old: As a parent or legal guardian of the above named child, I verify that I fully agree to, understand, and accept all provisions of this waiver, release and consent.

Parent/Legal Guardian Signature _____

Date _____

Printed Name _____

GREATER VALLEY YMCA SLATE BELT BRANCH

315 W. Pennsylvania Ave. Pen Argyl, PA 18072
(P) 610 881 4470 (W) gv-ymca.org