



Progressive Fitness, LLP

INFORMED CONSENT for EXERCISE TESTING

I desire to engage voluntarily in an exercise fitness testing session in order to attempt to assess physical fitness level.

I understand that the purpose of this fitness assessment is to determine my body composition, flexibility and muscular strength and endurance, and cardio/respiratory health. During my assessment session some or all of the following may occur to my body: being weighed, measured, pinched, marked, and stressed for flexibility, muscular abilities, and cardio/respiratory health. During the tests my body may bruise, sweat, increase in blood pressure and heart rate. There also exists the possibility for muscular strains, joint sprains, heart attacks, and other unforeseeable adverse health conditions.

I understand that I am responsible for telling the test administer should any unusual symptoms occur or I experience any pains, dizziness, faintness, light-headedness, chest pains, or anything else which may effect my outcome or state of health.

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 test, I also affirm that my questions regarding the exercise tests have been answered to my satisfaction.

Also, in consideration for being allowed to participate in a fitness assessment, I agree to assume the risk of such exercise and further agree to hold harmless Progress Fitness, LLP and its staff members conducting the exercise tests from any and all claims, suits, losses or related causes 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.

DATE

PRINTED NAME

SIGNATURE