



## INFORMED CONSENT

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB \_\_\_\_\_ Male or Female: \_\_\_\_\_

I understand that the purpose of an exercise program is to develop and maintain cardiorespiratory fitness, muscular strength and endurance, and flexibility and balance. All exercise programs include warm-up, exercise, and cool-down. The programs include, but are not limited to aerobic exercise, strength training, and flexibility. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by the rate of my perceived effort of exercise. 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.

Also, in consideration for being allowed to participate in the exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the YMCA of Hannibal, it's employees and agents, from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that my result in my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

*As part of your participation in the Strength for Survivors program, we ask that you complete the requested paperwork, survey, and functional assessment. All response/outcomes are kept confidential; your responses/performance will NOT be shared with anyone outside the Strength for Survivors program. The information you provide may be combined with other respondents answers and analyzed and reported in order to help evaluate the program effectiveness, as well as plan for future programming. Thank you for your participation in the program and also for completing the surveys.*

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact in case of emergency

\_\_\_\_\_  
Phone number