



# FULL OF LIFE FITNESS

## Informed Consent for Participation in FULL OF LIFE FITNESS

You have been referred or have requested to participate in an ongoing program of fitness to improve your strength, functional mobility, balance, and agility with the goals of lowering your risk for falls and achieving your highest level of function. Your participation is entirely voluntary. You may be prescribed exercises including stretches, strengthening and balance activities. The risk of engaging in this activity are similar to the risk of engaging in all moderate exercise and may possibly result in muscular fatigue and soreness, sprains, soft tissue injury, skeletal injury, dizziness, and fainting. There is also the risk of cardiac arrest, stroke, and even death.

If any of the following apply, you should not participate in exercise without written permission of your physician:

1. Your doctor has advised you not to exercise because of your medical condition(s).
2. You have experienced congestive heart failure.
3. You are currently experiencing joint pain, chest pain, dizziness, or have exertional angina (chest tightness, pressure, pain, heaviness) during exercise.
4. You have uncontrolled high blood pressure (160/100 or above).

During the session you will be asked to perform within your physical “comfort zone” and never to push to a point of overexertion or beyond what you feel is safe. You will be instructed to notify your instructor if you feel any discomfort or experience any unusual physical symptoms such as unusual shortness of breath dizziness, tightness or pain in the chest, irregular heartbeats, numbness, loss of balance, nausea, or blurred vision. If you are accidentally injured during the session you will be required to seek treatment from your own physician, which must be paid for by you or your insurance company.

You may discontinue participation in the session whenever you wish by asking to do so. By signing this form, you acknowledge the following:

1. I have read the full content of this document. I have been informed of the physical risks that I may encounter.
2. I agree to monitor my own physical condition during the session and agree to stop my participation and inform the person conducting the session if I feel uncomfortable or experience any unusual symptoms.
3. I assume full responsibility for all risk of bodily injury and death as a result of participation in this exercise. Should I suffer an injury or become ill during the session, I understand that I must seek treatment from my own physician and that I or my insurance company will have to pay for this treatment.

My signature below indicates that I have had an opportunity to ask and have answered any questions I may have, and that I freely consent to participate in the program of exercise.

I hereby authorize Pamela Pellegrini Physical Therapist / FULL OF LIFE FITNESS to provide instructions in an individual program of fitness to attain my personal fitness goals. I understand that **my exercise program is not to be confused with medically necessary skilled physical therapy** and that my exercise program may change based on my improved physical performance and those changes will be discussed with me and all my questions will be answered satisfactorily. I agree to notify my physician or others providing care of any adverse reactions or other significant events relating to my health.

I understand and agree that Pamela Pellegrini and FULL OF LIFE FITNESS is not liable for any injury, including personal, bodily or mental injury, or any damage to me, my spouse, or heirs or estate, and hereby release Pamela Pellegrini her heirs or estate from liability for any such injury.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

I Accept

By checking the "I Accept" box, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual signature on this Agreement. By selecting "I Accept" you consent to be legally bound by this Agreement's terms and conditions.