



# CONFIDENTIALITY AGREEMENT

I, \_\_\_\_\_ UNDERSTAND THAT THE INFORMATION COLLECTED BY APPLYING FUNCTIONAL ANATOMY (MARCOS), WILL BE USED FOR FITNESS EVALUATION PURPOSES AND FOR THE DESIGN, IMPLEMENTATION, PROGRESSION, AND MAINTENANCE OF AN INDIVIDUALIZED FITNESS PROGRAM ONLY. I FURTHER UNDERSTAND THAT ALL SUCH INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED WITH ANYONE WITHOUT MY PRIOR WRITTEN AUTHORIZATION, EXCEPT IN THE CASE OF A MEDICAL EMERGENCY OR TO THE MINIMUM EXTENT NECESSARY TO ACHIEVE A SAFE AND EFFECTIVE FITNESS PROGRAM.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

WITNESS \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER \_\_\_\_\_