



INFORMED CONSENT

I, _____ GIVE MY CONSENT TO PARTICIPATE IN THE PHYSICAL FITNESS EVALUATION PROGRAM CONDUCTED BY APPLYING FUNCTIONAL ANATOMY (MARCOS). I ALSO GIVE PERMISSION TO BE FILMED, PHOTOGRAPHED, AND PUBLISHED ON AFA SOCIAL MEDIA PAGES, AND HAVE MY LIKENESS AND IMAGE USED FOR PROMOTIONAL PURPOSES OF THE SERVICES PROVIDED BY APPLYING FUNCTIONAL ANATOMY (MARCOS).

BENEFITS

PARTICIPATION IN A REGULAR PROGRAM OF PHYSICAL ACTIVITY HAS BEEN SHOWN TO PRODUCE POSITIVE CHANGES IN A NUMBER OF ORGAN SYSTEMS. THESE CHANGES INCLUDE INCREASED WORK CAPACITY, IMPROVED CARDIOVASCULAR EFFICIENCY, AND INCREASED MUSCULAR STRENGTH, FLEXIBILITY, POWER, AND ENDURANCE.

RISKS

I RECOGNIZE THAT EXERCISE CARRIES SOME RISK TO THE MUSCULOSKELETAL SYSTEM (SPRAINS, STRAINS) AND THE CARDIORESPIRATORY SYSTEM (DIZZINESS, DISCOMFORT IN BREATHING, HEART ATTACK). I HEREBY CERTIFY THAT I KNOW OF NO MEDICAL PROBLEM (EXCEPT THOSE NOTED BELOW) THAT WOULD INCREASE MY RISK OF ILLNESS AND INJURY AS A RESULT OF PARTICIPATION IN A REGULAR EXERCISE PROGRAM.

TESTING AND EVALUATION RESULTS

I UNDERSTAND THAT I WILL UNDERGO INITIAL TESTING TO DETERMINE MY CURRENT PHYSICAL FITNESS STATUS. THE TESTING WILL CONSIST OF COMPLETING THIS HEALTH INVENTORY, TAKING A STEP TEST OR BICYCLE ERGOMETER TEST FOR CARDIOVASCULAR FITNESS, AND BEING TESTED FOR MUSCULAR FITNESS AND BODY COMPOSITION. I FURTHER UNDERSTAND THAT SUCH SCREENING IS INTENDED TO PROVIDE APPLYING FUNCTIONAL ANATOMY (MARCOS) WITH ESSENTIAL INFORMATION USED IN THE DEVELOPMENT OF INDIVIDUAL FITNESS PROGRAMS. I UNDERSTAND THAT MY INDIVIDUAL RESULTS WILL BE MADE AVAILABLE ONLY TO ME. I ALSO UNDERSTAND THAT THE TESTING IS NOT INTENDED TO REPLACE ANY OTHER MEDICAL TEST OR THE SERVICES OF MY PHYSICIAN. I WILL BE PROVIDED A COPY OF ALL TEST RESULTS. I MAY SHARE THE RESULTS WITH WHOMEVER I PLEASE, INCLUDING MY PERSONAL PHYSICIAN. BY SIGNING THIS CONSENT FORM I UNDERSTAND THAT I AM PERSONALLY RESPONSIBLE FOR MY ACTIONS DURING MY TENURE AT ANY SESSION HELD WITH APPLYING FUNCTIONAL ANATOMY (MARCOS), AND THAT I WAIVE THE RESPONSIBILITY OF THIS COMPANY/PROVIDER IF I SHOULD INCUR ANY INJURY AS A RESULT OF MY NEGLIGENCE.

NAME _____

DATE _____

SIGNATURE _____

WITNESS _____

SIGNATURE OF PARENT/GUARDIAN/CARE PROVIDER _____