



## **Informed Consent for Exercise Participation**

### **Voluntary Participation**

I desire to engage voluntarily in one or more of Inspire Training Systems' exercise program(s) in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardio-respiratory system and thereby attempt to improve my work capacity and overall function. The reaction of the cardio-respiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following exercise. These changes might include abnormalities of blood pressure or heart rate.

### **Risk and Discomforts**

There are inherent risks associated with strength training, aerobic conditioning and other forms of physical activity. Strength training may result in acute muscle and/or joint pain, pulled muscles, brief changes in blood pressure, light headedness, dizziness, delayed onset muscle soreness (DOMS), more chronic conditions such as tendonitis, and other discomforts. Training should be modified or postponed if joint injury is present or if pain or symptoms persist. Aerobic conditioning may result in fast or slow irregular heart rhythm, abnormal blood pressure changes, light-headedness, dizziness, fainting, chest pain, and other discomforts. Any type of physical activity may in rare instances lead to heart attack, stroke or death, but this is unusual, especially in participants free of known coronary heart disease (CHD), free of any signs or symptoms of CHD, and with few major risk factors of CHD. Inspire Training Systems' Coaches are trained in basic cardiac life support (CPR) and are educated to watch for any signs or symptoms associated with a poor exercise response.

### **Responsibilities of the Participant**

To promote the safety and benefit of my participation in any and all Inspire Training Systems' exercise programs, it is important that I fully disclose my personal health history, any medications I am taking, and any symptoms I may be experiencing during exercise. Such symptoms would include joint pain, irregular heart rhythm, tightness or pressure in my chest, unusual shortness of breath, light headedness, dizziness and the like. It is also important that I adhere to the recommendations of the Inspire Training Systems' Coach(es) especially with regard to the choice and intensity of exercises I perform. I should not exceed the recommended exercise intensity (as measured by weight lifted or exercise heart rate) and I should not exercise when I am injured, sick or not otherwise feeling well.

### **Benefits to be Expected**

It is expected that I will see benefits as a result of regular and consistent participation. Strength training typically results in numerous physical benefits (including improved muscle strength, increased muscle mass and increased bone density) and possibly in an improvement in physical tasks associated with work, recreation and every day life. Aerobic conditioning typically results in health benefits (including body fat loss, reduced blood pressure and reduced risk of CHD) and possibly in changes associated with improved exercise performance (including increased aerobic capacity, improved heart and lung function and improved circulation).



### **Inquiries**

An important part of the informed consent process is providing me the opportunity to inquire about any and all aspects of Inspire Training Systems' exercise programs. If I have any questions or concerns about Inspire Training Systems' exercise programs, I will ask a Coach on the Inspire Training Systems' staff.

### **Use of Medical Records and Information**

Any information gathered in conjunction with Inspire Training Systems' exercise programs (such as health history information, signs or symptoms of disease, risk of disease, exercise risk, blood pressure, body composition, aerobic fitness, instances of joint pain, chest pain, light headedness or dizziness, etc.) will be kept confidential to the extent provided by law. I will be encouraged share or to allow Inspire Training Systems to share this information with my physician or primary care provider in an attempt to diagnose or treat a current disease or reduce my risk of developing a more serious medical condition. I may be asked to complete and sign an authorization of use and disclosure form (PF-3000) in compliance with current HIPAA laws, so that Inspire Training Systems might ask my personal physician for input in developing a safe and effective exercise program for me. No identifiable information will be released or revealed to any other party without my written consent. I may be asked, however, to allow certain information (from which my identity is removed) to be used for statistical analysis or clinical research purposes.

### **Freedom of Consent**

I agree to voluntarily participate in any or all Inspire Training Systems' exercise programs. I understand that I am free to deny consent if I so desire now or at any point in the program.

### **Please Read the Following Statements Carefully and Initial**

\_\_\_\_\_ I acknowledge that I have read this form in its entirety or it has been read to me, and I understand my responsibility in the Inspire Training Systems exercise program in which I will be engaged. I accept the risks, rules, and regulations set forth. Knowing these, and having had an opportunity to ask questions which have been answered to my satisfaction, I consent to participate in all Inspire Training Systems exercise programs.

\_\_\_\_\_ If I am accidentally injured during any Inspire Training Systems' exercise programs, the Inspire Training Systems staff will offer immediate first aid (if needed) but will be unable to provide treatment. If injured, I will be responsible to seek treatment with my own physician or primary care provider.

\_\_\_\_\_ Furthermore, I, for myself and my heirs, fully release from liability and waive all legal claims against Inspire Training Systems and all Inspire Training Systems staff for injury or damage that I might incur during participation in the Inspire Training Systems exercise programs.

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Signature

Date

*Please return this form when completed and signed to a Inspire Training Systems Coach.*