

Personalized Conditioning by Grey

Body Made Better by Grey....A Tradition of Caring Since 1984

101 Phoenix Ave, Suite 2D

Enfield, CT 06082

(p) (860) 741-2541

Client Information			
First Name:	Last Name:	MI:	Date:
Address:			
City:	State:	Zip:	
Email:			
Birth Date: / /	Age:	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Home #: () -	Work #: () - x	Cell #: () -	
Please circle 1 st choice for phone contact: Home Work Cell			
How did you hear about us:			
If participating in our Better Bodies Big and Small class			
Child's name:	Age	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Emergency Contact Information			
Name:	Relationship:	Phone: () -	
Emergency Contact Information			
Name:	Relationship:	Phone: () -	
Pertinent Medical History			
Allergies			
Workout History			



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phone 860.741.541 fax 860.745.5264

Consent for Exercise Program

Exercise Objectives: The purpose of an exercise program is to develop and maintain cardio-respiratory (aerobic) fitness, muscular strength and endurance, body composition, and flexibility. These recommendations follow industry standards and should be conducted under the supervision of a trainer with a minimum of a national certification.

Procedures: A structured exercise program, based on individual needs (obtained fitness assessment information), interests, and/or physician's recommendations will be given to each participant. Exercises may include aerobic activities (treadmill walking/running, cycling, rowing machine exercise, group aerobic activity, swimming, and other such activities), calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercise to improve joint range of motion. All aerobic programs involve a warm-up, exercise at target heart rate, and cool-down components and follow The American College of Sport Medicine's recommendations.

Potential Risks: All exercise programs/testing are designed to gradually increase workload on the cardio-respiratory and musculoskeletal systems in order to effect improvements. The body's reaction to gradually increasing exercise activities cannot be predicted with complete accuracy. Unusual changes during or following an exercise session may occur. These may include muscular or joint injury, abnormal blood pressure, fainting, disorders of heart beat, and/or very rare instances of heart attack or death.

Potential Benefits: Benefits obtained from a structured and regularly employed exercise program might include a more efficient cardio-respiratory system, an improved musculoskeletal system, a decrease in body fat, a decrease in blood fats, an improvement in psychological function, and a decrease in the risk of heart and other diseases.

Supervision: Your trainer is not responsible for injuries and/or damages that occur when the facility/individual(s) are not supervised by your trainer or during non-operational hours.

Confidentiality: All participant exercise program information will be treated as privileged and confidential and will not be revealed to any person (other than your trainer involved in the participant's exercise program) without expressed written consent. Obtained information, however, may be used for statistical or scientific purposes with right to privacy retained.

Inquiry and Freedom of Consent: I have read the foregoing and I understand the objectives, procedures, potential risks and benefits, supervision issues, and confidentiality involved. Unless otherwise indicated under the "comments" section below, I certify that I am in good health and have no condition that would limit/prohibit my participation in a structured exercise program. I understand that if there are any questions about the procedures or methods used during an exercise session, I should ask my trainer. I realize that injury may result from improper exercise techniques or misuse of exercise facilities or equipment. I agree to be attentive to all instructions given to me and to exercise and use facilities and equipment correctly. I assume responsibility for monitoring my own condition throughout the exercise program and should any unusual symptom(s) occur, I will cease my participation and inform my trainer. I shall also notify my trainer of any changes in my medical status. I consent to the administration of any immediate resuscitation measures deemed advisable by my trainer or other qualified personnel.

Questions/Comments:

I have read and understand the above information and voluntarily consent to participate in a structured exercise program. I realize that I am free to terminate the exercise program at any time. I also understand that physician consent may be required to participate in the program. If it is required and I fail to obtain physician consent, I accept full responsibility for my medical status.

Printed Name: _____

Signature: _____

Date _____