

## Informed Consent

I, \_\_\_\_\_, acknowledge that I have voluntarily chosen to participate in a program of intense physical exercise by an Edge Body Boot Camp Trainer. I acknowledge that I have read and understand each of the statements below:

\_\_\_\_\_ I understand this type of program can enhance the musculoskeletal and cardio respiratory systems. I also understand there are inherent risks in participating in a program of strenuous exercise. I have been informed of the possible strenuous nature of a personal/group training program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack or death.

\_\_\_\_\_ I certify the answers to the questions outlined in the Physical Activity Readiness (PAR-Q) form are true and complete to the best of my knowledge. I understand medical clearance may be required based on the answers I gave on the PAR-Q form. I understand and agree that it is my responsibility to inform my trainer of any conditions or changes in my health, now or ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

\_\_\_\_\_ I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my trainer. I give Edge body Boot Camp trainers and/or the staff of the facilities I train in, permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred.

\_\_\_\_\_ I understand that Edge Body Boot Camp trainers operate on a scheduled appointment basis for all personal training sessions, and thus require a 24 hour notice when cancelling an appointment. No charge will be levied should I cancel with MORE than 24 hour notice given. Additionally, no charge will be levied should I need to cancel because of emergency or illness. I understand Edge Body Boot Camp trainers recommend that all cancelled sessions be rescheduled to ensure consistency and fitness progress. (Personal training only)

\_\_\_\_\_ I understand that I can work with any Edge Body Boot Camp trainer and that these same terms and conditions will apply with them all. I also understand that Edge Body Boot Camp trainers are or may be considered independent contractors and are not employees for tax purposes.

\_\_\_\_\_ I consent to the use of my name, quotes, and image in photographs, motion pictures or recordings during or in conjunction with camps/personal training for use in Edge Body Boot Camp advertising, marketing or promotion.

\_\_\_\_\_ I understand and agree that Edge Body Boot Camp is not responsible for any personal item or property that is lost, damaged or stolen during or in conjunction with the exercise program or on Edge Body Boot Camp premises.

By signing this document, I assume all risk for my health, well-being and personal property and hold harmless of any responsibility, the instructor, facility, or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

\_\_\_\_\_  
Client Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Witness

**ONLY COMPLETE SECTION BELOW IF YOU ARE A PARENT OR GUARDIAN OF A PARTICIPANT UNDER THE AGE OF EIGHTEEN (18)**

I, the parent or guardian of the above-named participant ("Minor") give my approval for Minor's participation in the camp/personal training, represent that the Par-Q for the Minor is accurate and acknowledge that I have reviewed, understood and agreed to the terms herein (such terms being interpreted as if they applied both to me and the Minor) and have the legal authority to enter into this Agreement on behalf of the Minor.

\_\_\_\_\_  
Parent or Guardian Printed Name

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Today's Date