NORTHWESTERN UNIVERSITY
FITNESS AND RECREATION

INFORMED CONSENT

(Expressed assumption of risk for participation in an exercise program for an apparently healthy adult)

I, ____________________________________ do hereby consent to voluntarily participate in Northwestern University's Prime Time Fitness program. I understand that physician approval is highly recommended prior to participating in such a program. I understand and have been informed that there are some inherent risks associated with exercise and physical activity of moderate to vigorous intensity. These risks include, but are not limited to, the possibility of adverse changes during exercise such as occasional disorders of heart rhythm, abnormal blood pressure response, rare instances of heart attack, as well as death. With the assistance of professional supervision, preliminary fitness assessments, precautions and observations taken prior to and during participation, all efforts will be made to recognize and minimize these occurrences. My involvement commits me to adhering to the regulated exercise planned for me. I hereby expressly assume all delineated risks of injury, all other possible risks of injury, and even death, which could occur by reason of my participation in this fitness program.

I have read this document in its entirety, and I have a complete understanding of the risks and benefits of the program. Any questions that I may have had have been answered to my satisfaction. Upon participation, I do hereby discharge release and hold harmless Northwestern University, its trustees, officers, agents and employees from any and all liability for damage claims or losses of any kind or character whatsoever resulting from any injury or condition I may suffer, or resulting from my participation.

____ _____________________
Participant's signature Date

____ _____________________
Staff's signature Date

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PHYSICIAN APPROVAL FORM

_____________________________________ has medical approval to participate in Northwestern University's personal training program; a program designed to give quality individualized training to those who desire professional fitness instruction and motivation for goal attainment. Under the guidance of the American College of Sports Medicine (ACSM) for Graded Exercise Testing and Exercise Prescription guidelines, I understand an individualized exercise program will be designed to meet his/her fitness needs and abilities.

Ms/Mr ______________________________ is under my _______________________ care and there are no limitations
to her/his participation in this program.

Ms/Mr ______________________________ is under my _______________________ care and there are limitations to
her participation in this program (described below)
____
______
____
______

Ms/Mr ______________________________ is under my _______________________ care and due to her/his limitations cannot participate in this program.

Physician's name (printed) __________________________________
Physician's signature _______________________________________ Date ______________________________
Address ____ Phone #_______________________
e-mail __________________________

9/1/06