

Informed Consent

I hereby state that I have read, understood and answered honestly the questions on the PAR-Q.

I wish to participate in physical activities that may include aerobic exercise, resistance exercise and flexibility exercises.

I realise that in participating in these activities I may be at risk of injury and even the possibility of death.

I hereby confirm that I am participating voluntarily.

Client name

Client signature

Instructor name

Instructor's signature

Date.....

Additional note: I confirm that I have taken medical advice and my doctor has agreed that I should exercise

Name.....Signature

Date