I desire to engage voluntarily in the UNMC Center for Healthy Living exercise program in order to attempt improve my physical fitness. I understand that the activities are generally designed to place a gradually increasing workload on the body’s systems to attempt to improve their function. The reaction of the body’s systems to such activities can’t be predicted with complete accuracy. There are risks of certain adverse changes that might occur during or following exercise, which could include, but are not limited to, abnormalities of the heart rhythm, heart attack, stroke, and even the possibility of death. Musculoskeletal aggravation, although less serious than cardiovascular complications, is the most common adverse consequence associated with participation in physical activity. A fitness center environment, with the potential for situations such as slick flooring surfaces, objects that can be tripped over or run into and machines with moving parts entails inherent risks. An individual’s approach to activity, (including pre-participation screening) is important in reducing the risks and achieving the benefits associated with physical activity participation.

I understand that the purpose of the exercise program is to develop and/or maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise plan will be given to me based on my needs and interests and my doctor’s recommendations. All exercise programs have as their foundation, a health oriented approach to physical activity, and involve some mode(s) of dynamic/aerobic exercise such as walking, jogging, cycling, swimming, rowing, stair climbing, participation in rhythmic dance classes, etc. All sessions include appropriate warm-up, sufficient exercise at a conditioning intensity, and adequate cool-down. All programs should include a thorough stretching routine, and may also involve resistive exercises such as calisthenics or weight training.

Most programs are designed to place a gradually increasing workload on the body’s systems in order to improve fitness. The rate of progression is regulated by exercise heart rate and/or perceived exertion during dynamic activity, and usually by a range of repetitions with resistive exercises.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any unusual symptoms occur, I will cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read it in its entirety and that I understand the nature of the exercise program and the risks involved in participation in physical activity. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in the Center for Healthy Living exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the Center for Healthy Living and its staff members conducting the exercise program from any claims, suits, or losses arising in any way from the exercise program.

(Signature of participant)       (Date)

(Print name)