



Elite Personal Training and Fitness Solutions  
1800 Byberry Road, Suite 703  
Huntingdon Valley, PA (215) 947-2099  
elitepersonaltrainingandfitnesssolutions.com

## Consent/Release Form

This program consists of various phases designed to determine your readiness to engage in physical activity, measure your functional fitness capacity in several areas, record active data in relation to your current fitness levels, and on an ongoing basis regularly use and evaluate your current health and fitness statuses.

You will undergo a screening evaluation process designed to identify risk factors that are associated with increased risk for cardiovascular disease, injury and other problems. This will include having you fill out a written medical history/questionnaire form and an informal interview.

In addition to a screening evaluation, a fitness evaluation will be administered to measure fitness levels. A fitness evaluation is not to be confused with medical diagnostic tests. A fitness evaluation is used to evaluate your starting point, determine your current level of fitness, develop an individual exercise plan, provide incentive and note progress in the following months.

Depending on your current fitness level, cardiovascular tests may be performed. These tests may involve measuring your heart rate and observing your respiratory response. Not only does cardiovascular testing establish your present level of cardio-respiratory fitness, but it also provides a baseline for measuring future improvements. Following your screening and fitness evaluation an individualized exercise program will be developed for you. You will be thoroughly instructed in all aspects of your individualized exercise program.

During any fitness evaluation or exercise program there exists the possibility of heart disorders, fainting, abnormal blood pressure response and in rare instances heart attack, stroke or death. Every effort has been made to minimize these risks by gathering preliminary information relating to your current health and fitness and by observation during testing.

Any questions that you have about the procedures, risks or benefits to be expected are welcome. If you have any reservations or doubts, please voice these concerns and ask for an explanation or clarification.

Participation in any tests or exercise program is voluntary. You are free to deny consent or withdraw consent at any time. However, it is important that you promptly report any unusual feeling or any difficulties you perceive while being evaluated or exercising. It is your responsibility to fully disclose relevant information as requested by staff of **Elite Personal Training and Fitness Solutions**.

I understand that I am receiving personal training services and NOT physical therapy treatment/intervention or any other medical services. Furthermore, I understand I am not being



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rehabilitated for any particular injury but am receiving fitness training to improve my strength, cardiovascular fitness, flexibility and overall health.

I understand that nutritional and/or supplement recommendations regarding weight management may be made during the course of my training at Elite Personal Training and Fitness Solutions. I understand that the dietary recommendations are not medical advice and are not being made by a licensed dietitian. I understand that I should check with my physician regarding any dietary changes or recommendations.

I understand that personal training facilities are not providing medical services and therefore are not required to be HIPPA compliant. However, Elite Personal Training and Fitness Solutions will voluntarily comply with HIPPA guidelines and regulations to keep your health history information private.

I am voluntarily participating in the aforementioned activities and I am participating in these activities entirely at my own risk.

Having such knowledge, I hereby release **Elite Personal Training and Fitness Solutions**, its representatives, agents, and employees from liability for accidental injury or illness or transmission of a communicable disease, which I may incur as a result of participating in said fitness program or in the testing and/or screening procedures. I hereby assume all risks therewith and consent to participate in said program.

Do you give permission for Elite Personal Training and Fitness Solutions to take your picture or video for the use of progress, social media, or marketing purposes? Your photos will not be used for anything else but stated. YES or NO

Signature\_\_\_\_\_

Date\_\_\_\_\_