



NOVELTY HILL
PHYSICAL THERAPY

Informed Consent

The exercise sessions you will become involved with and undertake will consist of progressive exercise levels and be determined and regulated by your trainer. The exercise sessions will consist of aerobic and weight training as well as education and instruction. These exercises are designed to place a gradual increasing stress on the body and as such to improve the body's function, although no guarantee can be made.

_____ Initials

I am aware that all activities are offered as recreational or self directed in nature and I have the right and choice to stop activity at any time. I also assume full responsibility during and after my participation for any risk, discomfort or fatigue that I may experience. I understand that exercise and cardiovascular activity and the response of my body to such activity cannot be predicted. I acknowledge my responsibility and obligation to inform the nearest supervising employee of any pain, discomfort, fatigue or any other symptoms that I may suffer and that is my choice to participate in the training program. I also understand that my trainer or other staff may not be licensed, certified or registered as an instructor that skill levels may vary and that I accept assumption of all the risk that may imply as my own.

_____ Initials

The information made and obtained during the training sessions is treated as confidential. However it may be used for statistical purpose as long as my privacy is not compromised.

I understand that I may ask any questions or request further information about any of the activities, programs, or services offered at any time before, during or after participation. I may take as long as I need to think the program over and can participate now or withdraw at any time.

_____ Initials

I have read the above and consent to participate in private exercise training.

Signature

Date

Trainer

Date