



**INFORMED CONSENT FOR PARTICIPATION IN PERSONAL TRAINING**

**Name:** \_\_\_\_\_

**1. Purpose and Explanation of Procedure**

I desire to participate voluntarily in an acceptable plan of exercise conditioning. I also desire to be placed in program activities which are recommended to me for improvement of my general health and well-being in which I will be given exact instructions regarding the amount and kind of exercise I should do. Professionally trained personnel will provide leadership to direct my activities, monitor my performance and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my heart rate evaluated during these sessions and/or regulate my exercise within desired limits. I understand that I am expected to follow staff instructions with regard to the proper performance of each exercise.

I have been advised and understand it is recommended that I obtain a medical examination by a physician before I participate in this program. The medical examination is highly suggested in order to identify conditions which may preclude participation. If I am taking prescribed medications, I have already so informed the program staff and further agree to inform them promptly of any changes which my doctor or I may make with regard to such use.

I have been informed that during my participation in exercise, I will be asked to complete the physical activities unless such symptoms as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At that point, I have been advised it is my complete right and responsibility to decrease or stop exercising and that it is my obligation to inform the program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the program personnel of my symptoms, should any develop.

Depending upon my health status, I understand that during the performance of exercise, a trained observer will periodically monitor my performance and may measure my pulse for the purpose of monitoring my progress. I also understand that the observer may reduce or stop my exercise program when any of these findings are indicated.

**2. Risks and Discomforts**

It is my understanding and I have been informed that there exists the remote possibility of adverse changes during exercise including abnormal blood pressure, fainting, disorders of heart rhythm and, in very rare instances, heart attacks or even death. I have been told that every effort will be made to minimize these occurrences through proper staff supervision and by my own careful control of exercise efforts. I understand that there are risks, known and unknown, including a risk of injury, heart attack or even death as a result of my exercise, but knowing those risks, it is my desire to participate as indicated herein.

I agree that I, for myself, my heirs and executors, hereby waive, release and hold harmless Princeton University, its trustees, officers, employees and agents (collectively the "University") from and against any and all claims, costs, liabilities, expenses or judgments relating in any way to my participation in the personal training program, except for illness and injury directly resulting from the University's gross negligence or willful misconduct.

**3. Benefits to be Expected from Exercise and Available Alternatives**

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions will allow me to learn proper ways to perform conditioning exercises, use fitness equipment and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical

activities. I further understand that if I closely follow the program instructions, there is a reasonable probability that I will improve my exercise capacity after a period of 3 to 6 months.

**4. Confidentiality and Use of Information**

I have been informed that information obtained in connection with this exercise program will be treated as privileged and confidential and will not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information which is not personally identifiable for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Personal information and data, however, will be used only by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

**5. Inquiries and Freedom of Consent**

I have been given an opportunity to ask certain questions as to the procedures of this program. Generally, these questions and the responses of the interviewer are as follows:

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I further understand that I am free to withdraw consent and discontinue my program participation at any time without prejudice.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same and that I fully understand and accept its contents.

I consent to the delivery of all services and procedures as explained herein.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness's Signature

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Program Supervisor's Signature

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Program personnel notes and observations as to the conduct of the informed consent procedure:

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