

STRONG SENIOR Fitness Program
Cove Senior Citizens Association
Participant Consent

PARTICIPANT CONSENT

I have voluntarily enrolled in a program of progressive exercise. The program is designed to place a gradually increased workload on the heart, lungs, muscles, and bones to help improve their function.

I understand that participation in such a program may be associated with some risks. These risks may include, but are not limited to: muscle soreness, fainting, disorders of heart rhythm, abnormal blood pressure, and in very rare instances, heart attack.

To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude an exercise program. Effort will be made to minimize any risks to me by a pre-exercise assessment and a medical screening.

I release everyone who has designed, promoted, or conducted the STRONG SENIOR Fitness Program from all claims or liabilities whatsoever resulting from my participation in this program.

I assume all risks and responsibility for any injury, damage, or any other adverse event that may result from my participation in this program.

Before I begin this program I understand that a pre-exercise assessment and physician screening consent form may be required.

I understand that each person may react differently to these fitness activities and these reactions cannot be predicted with complete accuracy. I will inform the Program Leader and/or my health care provider if I experience any unusual symptoms.

Signature _____

Printed Name _____

Date _____