



## Purpose and Explanation of Services:

I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, muscular strength and endurance. A specific exercise plan will be given to me, based on my specific needs and abilities. All exercise prescription components will comply with proper exercise protocols. The programs include, but are not limited to, aerobic

exercise, flexibility training, and strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall Fitness.

## Risks

I understand and have been informed, that there exists the possibility of adverse changes when engaging in a physical activity program. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm, stroke and very rare instances of heart attack or even death. I have been told that every effort will be made to minimize these occurrences by proper screening, and by precautions and observations taken during the exercise program; knowing those risks, it is my desire to partake in the

recommended activities.

## **Benefits**

I understand that participation in an exercise program has many health-related benefits. These may include improvements in body composition, range of motion, musculoskeletal strength and endurance, and cardiorespiratory efficiency. Furthermore, regular exercise can improve blood pressure and lipid profile, metabolic function, and decrease the risk of cardiovascular disease.

## **Physiological Experience**

I have been informed that during my participation in the exercise program, I will be asked to complete physical activities that may elicit physiological responses/symptoms. This may include but is not limited to: elevated heart rate, elevated

blood pressure, sweating, fatigue, increased respiration, muscle soreness, cramping and nausea.

## **Confidentiality and Use of Information**

I have been informed that the information obtained in this exercise program, will be treated as privileged and confidential, and will consequently not be released or revealed to any person, without my express written consent. Any other information obtained, however will be used only by Roshaun A. Osborn as the Sole Proprietor and Lead CPT of StrongCurvyFit, to evaluate my exercise status as needed. All personal information is securely stored and backed up for 4 years as required by NASM + NCSF, after which it is digitally erased.

## **Inquiries and Freedom of Consent**

I have been given an opportunity to ask questions about the exercise program. I further understand that there are also other remote health risks. I acknowledge BOTH the risks and benefits of beginning a Fitness regimen, have read this document in its entirety, and desire to proceed. I consent to the rendition of all services and procedures as explained herein by StrongCurvyFit.

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**Date**

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**Participant's Signature**

RAO. StrongCurvyFit

**Certified Personal Trainer's Signature**



