

Hopkinsville - Christian County Family YMCA
7805 Eagle Way
Hopkinsville, KY 42240
Inform Consent to Exercise Participation

I (We) desire to engage voluntarily in the YMCA exercise program in order to attempt to improve my physical fitness. I (We) understand that the activities are designed to place a gradually increasing work load on the cardiorespiratory system and to improve its function. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormalities of blood pressure or heart rate.

I (We) understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility and muscular strength and endurance. A specific exercise plan may be given to me (us), based on my (our) needs and interests and my doctors recommendations. All exercise programs include warm-up, exercise at target heart rate, and cool down. The programs may involve walking, jogging, swimming, or cycling (outdoor and stationary); participation in exercise fitness, rhythmic aerobics exercise, or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by exercise target rate and perceived effort of exercise.

I (we) understand that I (we) am responsible for monitoring my(our) own condition throughout the exercise program and should any unusual symptoms occur, I (we) will cease my (our) participation and inform the instructor of the symptoms.

In signing this consent form, I (we) affirm that I (we) have read this form in its entirety and that I (we) understand the nature of the exercise program. I also affirm that my (our) questions regarding the exercise program have been answered to my (our) satisfaction.

In the event that a medical clearance must be obtained prior to my participation in the exercise program, I (we) agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in the YMCA exercise program, I (we) agree to assume the risk of such exercise, and further agree to hold harmless the YMCA and its staff members conducting the exercise program from any and all claims, suits, losses, or related causes or action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the exercise program.

As the signee on this waiver, I understand that I agree to terms listed above on behalf of myself and others currently on my account as well as those that may be added to it.

Date: _____

(Signature of participant, parent or guardian)

Please Print Participant

Name: _____ Address _____

Date of birth _____ Home # _____ Work# _____

Name/Address of physician _____

Physician's Phone _____

List additional members who are on this account, their physicians and physicians' phone. Please also let us know if anyone on the account, including yourself, is prescribed any medications or has health conditions and what they are:
