



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Form IV Informed Consent for Exercise Participation

I desire to engage voluntarily in the YMCA exercise program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the cardiorespiratory system and to thereby attempt 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.

The purpose of the exercise programs is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. A specific exercise plan will be given to the participant based on needs and interests and your recommendations. All exercise programs include warm-up, exercise at target heart rate, and cool-down (except for muscular strength and endurance training, in which target heart rate is not a factor). The programs may involve walking, jogging, swimming, or cycling (outdoor and stationary); participation in exercise fitness, rhythmic aerobic exercise, or choreographed fitness classes; or calisthenics or strength training. All programs are designed to place gradual increasing workload on the body in order to improve overall fitness and muscular strength. The rate of progression is regulated by exercise target heart rate and/or perceived effort of exercise.

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

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

In the event that a medical clearance must be obtained prior to my participation in the exercise program; I 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 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 of 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.

_____ Date _____
(Signature of participant)

Please Print:

Name _____ Date of Birth _____

Address _____

Telephone _____

Name of personal physician _____

Physician's address _____

Physician's Phone _____

Limitations and medications _____

SLATE BELT YMCA

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