Assumption of Risk

Program Description: I understand that in the Stephen F. Austin State University Campus Recreation Personal Training Program I will be working individually with a certified personal trainer. While working with the trainer I will be performing exercises that require the use of cardiorespiratory (heart and lungs) and musculoskeletal (muscles, ligaments, tendons, bones, joints, etc.) systems. The program will include aerobic exercises (use of treadmills, ellipticals, bikes, etc.), strength training exercises (dumbbells, selectorized, plate loaded equipment, etc.), and flexibility exercises (improve joint range of motion).

Potential Risks: I understand that the reactions of the cardiovascular, musculoskeletal, and nervous system cannot always be predicted. I know that during or following exercise there is a risk that I may experience: Abnormal blood pressure, abnormal heart rhythms/rate, ineffective functioning of the heart (including heart attacks), respiratory distress, musculoskeletal strains/sprains, joint pain, possible bone injury, seizures, and other similar injuries.

Potential Benefits: I understand that being under a program of physical exercise for the cardiorespiratory and musculoskeletal systems has many benefits. The benefits may include decrease in body fat percentage, improved cholesterol levels, improved blood pressure levels, increased muscle strength/endurance, decreased risk of heart disease, and improved psychological function. The amount and degree of benefits experienced directly relates to the adherence of an exercise program based on prescribed amounts of intensity, duration, frequency, progression and types of activity.

I have read the above information and I understand the potential risks and benefits of working with the Stephen F. Austin State University Campus Recreation Certified Personal Training Program and I voluntarily agree to assume such risks. Further, in consideration of Stephen F. Austin State University Campus Recreation providing me with a certified personal trainer, I hereby release and hold harmless attorney’s fee from any claims or causes of action of any kind.

Client’s Printed Name: ______________________
Client Signature: _________________________ Date: ______________

Signature of Guardian: ____________________ Date: ______________
(if under 18)

Signature of Witness: ______________________ Date: ______________