

## **Informed Consent: Positive Force Movement, LLC**

### **Purpose and Explanation of Service**

I understand that the purpose of the exercise assessment, session, and/or program is to assess, develop, and/or maintain cardiovascular fitness, flexibility, muscular strength, and/or endurance. If applicable, a specific exercise plan will be given to me based on my needs and abilities. All exercise prescription components will comply with proper exercise program protocols. The programs include, but are not limited to: aerobic exercise, flexibility training, and strength training. All programs and exercise recommendations 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 session. I understand that there is a risk of injury, heart attack, or even death as a result of my participation in an exercise program, but knowing these risks, it is my desire to partake in the recommended activities.

### **Benefits**

I understand that participation in a movement/exercise program has many health-related benefits. These may include improvements in range of motion, musculoskeletal strength and endurance, and cardiovascular efficacy. Furthermore, regular exercise can improve blood pressure, lipid profiles, and 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 that include, but are not limited to, the following: 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 expressed written consent. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status as needed.

### **Cancellation and Refund Policy**

I am aware of Positive Force Movement, LLC's 24-hour cancellation policy; I understand that I am responsible for paying for all sessions not cancelled within at least 24 hours of the scheduled session time.

I am also aware that it is not the policy of Positive Force Movement, LLC to offer refunds for any purpose; I also understand that purchased sessions will not expire.

### **Video and Photo Release**

\_\_\_\_ I grant Positive Force Movement, LLC and its owner, Lore McSpadden, permission to use my image in photographs and/or videos. Such use includes the display, distributions, publications, transmissions or otherwise use of photographs, images and/or videos taken for use in materials that include, but may not be limited to, printed and educational materials such as brochures, newsletters, books, eBooks, videos, presentations, and digital images used on Positive Force Movement's website and social media pages, such as Facebook, and for Positive Force Movement, LLC's fundraising efforts.

\_\_\_\_ I deny permission for my image to be used in the aforementioned way by Positive Force Movement, LLC and its owner, Lore McSpadden.

### **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. Despite the fact that a complete accounting of all these remote risks has not been provided to me, I still desire to proceed with the exercise program. I acknowledge that I have read this document in its entirety (or that it has been read to me if I was unable to read). I consent to the rendition of all services and procedures as explained herein by all program personnel.

Date: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Participant's Printed Name: \_\_\_\_\_

Trainer's Signature: \_\_\_\_\_