



*Moore Performance Health*

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## INFORMED CONSENT

I hereby consent to voluntarily engage in an suitable plan of exercise conditioning. I understand that no exercise program is without inherent risks and that, regardless of the care taken by my coach or personal trainer, he or she cannot guarantee my personal safety.

I understand that a regular exercise program has been shown to have definite benefits to general health and physical performance. I consent to being placed in program activities which are recommended to optimize said benefits. Moore Performance Health LLC reserves the right to require participants in their program to wear a heart rate monitor or attain medical release from a physician.

I understand that it is a responsibility to fully disclose to my coach/trainer any health issues that are relevant to participation in a strenuous exercise program, inform the coach/trainer if there are any activities with which I do not feel comfortable, to cease exercise and report promptly and unusual feelings (chest discomfort, nausea, difficulty breathing, apparent injury, etc.) to my coach/trainer and to clear my participation in any exercise program with my physician.

I understand that I am expected to attend every scheduled session and to follow instructions. I understand that there are potential physical risks involved in the exercise program and believe that the potential benefits outweigh the risks. I understand the achievement of health and performance goals cannot be guaranteed, I have had a voice in planning the activities selected for my program.

I have either provided a medical release form from my physician to my coach/trainer or have refused to obtain said medical release fully acknowledging the risks associates with the exercise regimens voluntarily being undertaken with my trainer. I am in good physical condition and have no impairments which might prevent my participation in exercise activities and have been advised to consult a physician prior to beginning this program.

I have been informed that the information that is 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.

I acknowledge and represent that I am 18 years of age or older and have read and understand the contents of this document. I have been made fully aware and understand the potential risks involved in exercise programs. I hereby consent to those risks and freely and voluntarily agree to participation in an exercise program offered by Moore Performance Health LLC. I am freely signing this agreement.

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Participant / Legal Guardian Signature

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Date

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Name of Participant(s)