

**MUW Personal Training
Informed Consent/Liability Waiver
Exercise Test**

The exercise test that you will perform consists of stepping on a 12-inch step or walking ¼ mile around a track. The purpose of this test is to examine the response of your heart and lungs to submaximal exercise and recovery. In this way, we hope to determine how much work you can do and what can be done to improve your physical condition.

Complications have been few during exercise tests, especially those of a submaximal nature. If a person exercising is not tolerating work well, it usually becomes apparent and exercise is stopped; however, you are urged to report any unusual symptoms during the test. You may request that the test be stopped at any time. Mild lightheadedness and even fainting may occur, and there is a slight risk of cardiovascular complications, such as abnormal blood pressure, a heart attack or even death. Every effort has been made to minimize these risks by evaluation of your health history form. If you have any health conditions, especially related to heart or lung function, please be sure to let us know before testing begins.

My questions have been answered concerning the fitness test. I have read and understand the above statements and hereby consent to participate.

Client's name: _____ Signature: _____ Date: _____

Trainer's name: _____ Signature: _____ Date: _____

**Informed Consent/ Liability Waiver
Exercise Program**

"I, _____, have enrolled in the Personal Training Program offered through the Department of Campus Recreation at Mississippi University for Women. I recognize that the program involves strenuous physical activity including, but not limited to, muscle strength and endurance training, cardiovascular conditioning and training, and other various fitness activities. I hereby affirm that I am in good physical condition and do not suffer any known disability or condition which would prevent or limit my participation in this exercise program. I acknowledge that my enrollment and subsequent participation is purely voluntary and in no way mandated by Mississippi University for Women."

"In consideration of my participation in this program, I, _____, hereby release Mississippi University for Women and its agents from any claims, demands, and causes of action as a result of my voluntary participation and enrollment."

"I fully understand that I may injure myself as a result of my enrollment and subsequent participation in this program and I, _____, hereby release Mississippi University for Women and its agents from any liability now or in the future for conditions that I may obtain. These conditions may include, but are not limited to, heart attacks, muscle strains, muscle pulls, muscle tears, broken bones, shin splints, heat prostration, injuries to knees, injuries to back, injuries to foot, or any other illness or soreness that I may incur, including death."

I HEREBY AFFIRM THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE STATEMENTS.

Signature: _____ Date: _____

Trainer's name: _____ Trainer's signature: _____

