

LAWFIT® LEADERSHIP PROGRAM
INFORMED CONSENT

General Statement of Program Objectives and Procedures:

I understand that this physical fitness program may include exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat). Exercises may include aerobic activities (treadmill walking/running, bicycle riding, rowing machine exercise, group aerobic activity, swimming, and other such activities), calisthenics and weight lifting to improve muscular strength and endurance, and flexibility exercises to improve joint range of motion.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to such exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate, ineffective functioning of the heart, and in rare instances, heart attacks. Use of the weight lifting equipment and engaging in heavy body calisthenics can lead to musculoskeletal strains, pain, and injury if adequate warm-up, gradual progression, and safety procedures are not followed. Safety procedures are listed in the LawFit® Manual. In addition, trained staff members will be supervising during all times to help ensure that these risks are minimized. The staff is trained in CPR and first aid, and regularly practices emergency procedures. Equipment will be inspected and maintained on a regular basis.

Description of Potential Benefits:

I understand that a program of regular exercise for the heart and lungs, muscles, and joints has many associated benefits. These may include a decrease in body fat, increased strength and flexibility, improvement in blood fats and blood pressure, improvement in psychological function, and a decrease in risk of heart disease.

I have read the foregoing information and understand it; any questions, which may have occurred to me, have been answered to my satisfaction. I understand that I am free to withdraw from this program without prejudice at any time I desire. I am also free to deny answers to specific items or questions during interviews or when filling out questionnaires. The information that is obtained will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my expressed written consent. The information obtained, however, may be used for a statistical or scientific purpose with my right of privacy retained.

Participant's Signature _____ **Date** _____

Witness Signature _____ **Date** _____