

Client Consent Form

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. I also acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. In signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including but not limited to abnormal blood pressure, fainting, heart attack or even death. I also understand that I may stop any training session at anytime. By signing this document, I assume all risk for my health and well being and any resultant injury or mishap that may affect my well being or health in any way and hold harmless of any responsibility, the instructor, facility or persons involved with the program and testing procedures.

Print Name:	Signature:	Date:
--------------------	-------------------	--------------

Physician's Release Form

I have examined _____

Client's Name

I have found the following:

physical activity The above named may participate fully in a progressive program consisting of cardiovascular, strength and flexibility training without limitation. _____

or

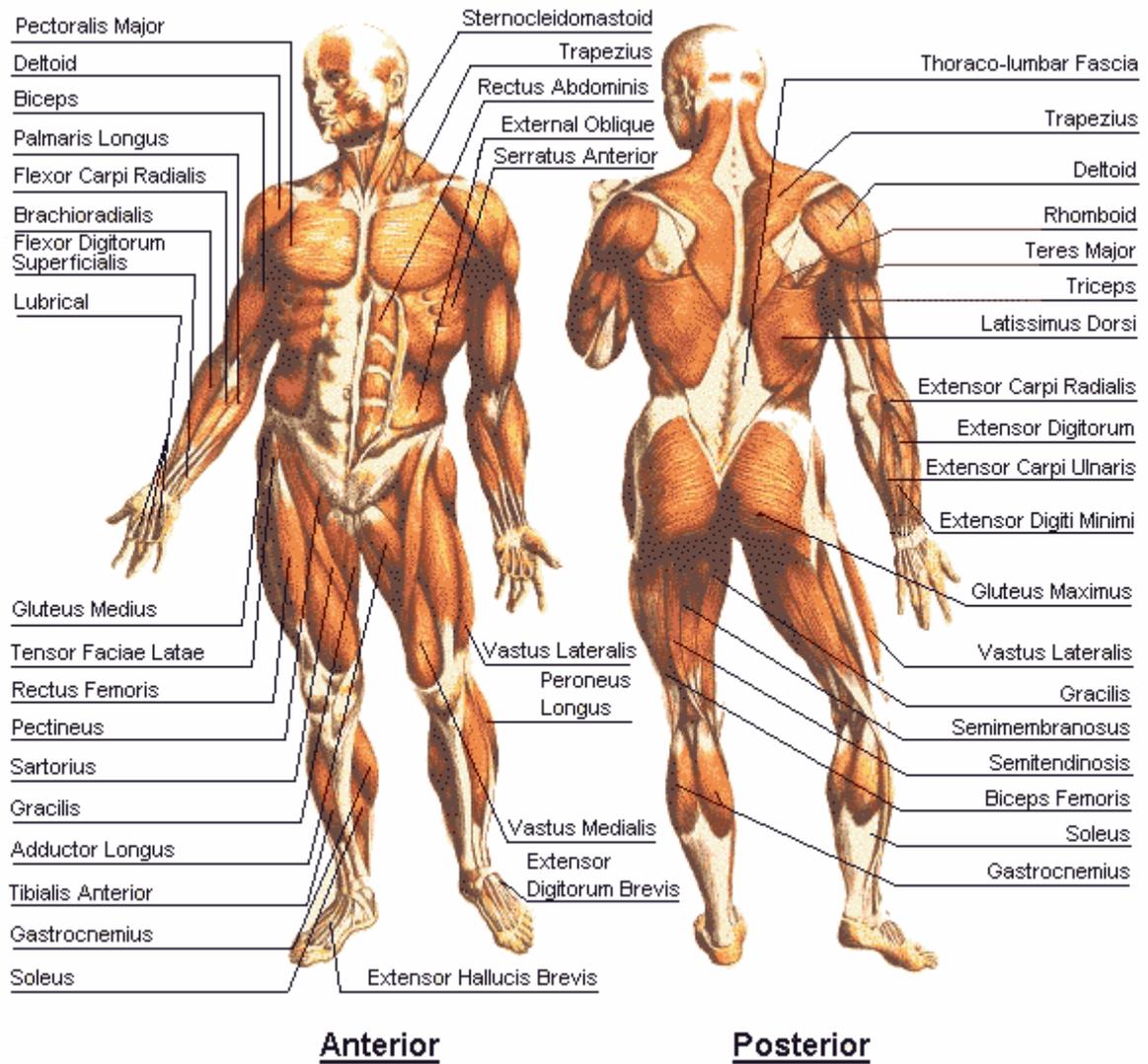
The above named may participate in a progressive physical activity program _____ with the following limitations:

Also,

Please list any medications that your patient is currently taking that may affect heart rate or blood pressure response to exercise (elevating or suppressing). If none, write NONE".

Physician's Signature	Date
-----------------------	------

Anatomy Chart



All Rights Reserved © [Arab British Academy for Higher Education](http://www.abahe.co.uk)