

**INFORMED CONSENT FOR PARTICIPATION
IN AN
EXERCISE PROGRAM FOR
APPARENTLY HEALTHY MINORS**

I, _____ (*name of parent*) hereby consent for my son/daughter
_____ (*name of minor*), to voluntarily engage in an acceptable
plan of exercise conditioning. I also give consent for them to be placed in program
activities which are recommended for improvement of their general health and well-
being. These may include dietary counseling and health education activities.

The levels of exercise that they will perform will be based upon their cardio respiratory
(heart and lungs) fitness determined through our ongoing exercise evaluation. My
son/daughter will be given instructions regarding the amount and kinds of exercise that
they should do.

The trainer for Whole Body Fitness, LLC will provide leadership to direct their activities,
monitor their performance, and otherwise evaluate their effort. I further understand
that there are risks that may be associated with any exercise program.

Depending on my son's/daughter's health status I may need a Medical Release from
their doctor or they may be required to wear a Fitness Heart Rate Monitor. I understand
that they are expected to attend every scheduled session and to follow instructions with
regard to exercise.

If they are taking prescribed medications, I have informed the trainer for Whole Body
Fitness, LLC, and further agree to inform the trainer for Whole Body Fitness, LLC
promptly of any changes their doctor or I have made with regard to use of these.

I hereby state that I will inform my son/daughter to let the trainer for Whole Body
Fitness, LLC of any symptoms during their participation in the exercise program such as
fatigue, shortness of breath, chest discomfort, or any pain or discomfort for their safety
and benefit.

I have been informed that the information that is obtained in their exercise program will
be treated as privileged and confidential and will consequently not be released or
revealed to any person without my express written consent.

I acknowledge that I have read this document in its entirety and consent to the
procedures explained herein.

Signature of CLIENT/PARENT

Date

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