



**TEXAS SPORTS MEDICINE CENTER
FITNESS/RECREATION BOOT CAMP PROGRAM
CONSENT FORM**

PURPOSE: To reasonably explain procedures, risks & expected benefits of the Fitness/Recreation Boot Camp Program. Also to explain use of information & confidentiality, answer all inquires and obtain participant's consent.

POLICY: Informed consent for participation in the Texas Sports Medicine Center's Fitness/Recreation Boot Camp Program.

1. PURPOSE & EXPLANATION OF PROCEDURE:

I hereby consent to voluntarily engage in the Fitness/Recreation Boot Camp Program (the "Program") of the Texas Sports Medicine Center ("TSMC"). I will be given instructions regarding how to properly exercise and how to progress without exceeding my physical limitations. I understand that I am not to exceed the level of exercise described as my maximal training heart rate as determined by the TSMC personnel.

In the Program, I understand that I will be independently exercising; I will be solely responsible for monitoring my heart rate. I understand it is my obligation to inform the TSMC personnel if symptoms such as fatigue, shortness of breath, chest discomfort or any other health problems develop during exercise.

As a Fitness/Recreation member, I agree to abide by the policies, procedures, rules, and guidelines of the Program. I also understand that improper conduct, i.e. fighting, profanity, theft, and general disregard for the rules, guidelines, policies, and procedures of TSMC may result in expulsion from the facility immediately, temporarily, or permanently.

2. RISKS:

I acknowledge potential exists to sustain adverse physical reactions as a result of my participation in the Program. Adverse physical conditions that may occur include the following: high blood pressure, exercise induced asthma, chest pain, dizziness, faintness, musculoskeletal injuries (including strains, sprains, separation, dislocations, spasms and fractures), skin wounds/lesions, hypoglycemia, myocardial infarction, cardiac arrhythmias, strokes, dehydration, and death. Should I experience any physical discomfort while exercising at TSMC, I will discontinue my activity immediately and inform a TSMC personnel of my symptoms. I understand that my own careful control of exercise efforts and techniques is necessary to minimize the occurrence of above risks. I understand these potential risks, but it is my desire to voluntarily participate as herein indicated.

3. BENEFITS TO BE EXPECTED:

I understand that the Program may or may not benefit my physical fitness or general health. I recognize that my active participation in the Program will allow me to learn proper ways to perform conditioning exercises. I further understand that if I closely follow the Program instructions, I will likely improve my exercise capacity after a period of three (3) to six (6) months.

4. CONFIDENTIALITY AND USE OF INFORMATION:

I have been informed that any information obtained in this Program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written authorization. I understand that my health information will be used by TSMC personnel to prescribe an exercise program and to evaluate my progress.

5. INQUIRIES AND CONSENT:

I acknowledge that I have been given the opportunity to ask questions regarding the rules, policies, procedures, and guidelines related to the Program. The interviewing staff member has noted these inquiries and his/her responses are as follows:

I acknowledge that I have read this document in its entirety or that it has been read and explained to me if I have been unable to read the same. I consent to the rendition of all services and procedures as explained herein by the TSMC personnel.

I hereby release Tomball Regional Hospital d/b/a Texas Sports Medicine Center, its employees, and its independent contractors from any and all claims, demands, judgments, disputes, and causes of action arising from my participation in the Aerobics Fitness/Recreation Program.

This Consent Form is effective for a period of twelve (12) months from the date written below.

Participant's Printed Name & Signature

Date

Parent/Guardian Signature: _____
(Mandatory if Participant is under 18 years of age)

F/R Staff Signature