

## Perfect Fit, Inc. Informed Consent Form

I, (print name) \_\_\_\_\_, give my consent to participate in all physical fitness, martial art and evaluation programs conducted by Perfect Fit, Inc.

### **Benefits**

Participation in a regular program of physical activity has been shown to produce positive changes in a number of organ systems. These changes included increased work capacity, improved cardiovascular efficiency, and increased muscular strength, flexibility, power and endurance. Further, martial arts training provides a means for developing self-defense skills.

### **Risks**

I recognize that physical training carries some risk to the musculoskeletal system (sprains, strains, etc.) and the cardiorespiratory system (dizziness, discomfort in breathing, heart attack, etc.). The practice of martial arts techniques carries the risk of bodily injury, since many martial arts techniques are designed to inflict injury. I hereby certify that I know of no medical problem (except those noted in any accompanying health history forms) that would increase my risk of illness and injury as a result of participation in a regular exercise program, and that I am aware of the risks associated with martial arts training. Therefore, I should exercise caution when training.

### **Promotions**

I also expressly grant Perfect Fit, Inc or any approved third party of Perfect Fit, Inc the right to film, video, photograph, or record me. I give Perfect Fit, Inc the irrevocable right to use, display, and/or alter in any manner the video or photo of me and use it in any promotional activities including but not limited to DVD, web sites, or published articles.

I understand that physical screening may be used to provide Perfect Fit, Inc. with essential information to be used in the development of individual fitness programs. I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my physician. I can be provided a copy of all test results. I may share the results with whomever I please, including my personal physician. By signing this consent form, I understand that I am personally responsible for my actions during my tenure with Perfect Fit, Inc., and that I waive the responsibility of Perfect Fit, Inc. if I should incur any injury as a result of my negligence.

\*\*Signature \_\_\_\_\_ Today's date \_\_\_\_\_

\*Email: \_\_\_\_\_

\*Please include your email if you'd like to receive "The Body Mechanic's Shop Talk" fitness newsletters. Note that you can unsubscribe at any time. \*\*Guardian signature required for minors.