



## LIVESTRONG at the YMCA Informed Consent

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Male or Female (circle one)

### Informed Consent

I understand that the purpose of an exercise program is to develop and maintain cardiorespiratory fitness, muscular strength and endurance, and flexibility and balance. A specific exercise plan will be designed for me, based on my needs and interest. All exercise programs include warm-up, exercise, and cool-down. The programs include, but are not limited to aerobic exercise, strength training, and flexibility. All programs are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by the rate of my perceived effort of exercise. I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and inform the instructor of the symptoms.

In signing this consent form, I affirm that I have read this form in its entirety and I understand the nature of the exercise program. I also affirm that my questions regarding the exercise program have been answered to my satisfaction.

In the event that medical clearance must be obtained prior to my participation in the exercise program, I agree to consult my physician and obtain written permission from my physician prior to the commencement of any exercise program.

Also, in consideration for being allowed to participate in this exercise program, I agree to assume the risk of such exercise, and further agree to hold harmless the \_\_\_\_\_, it's employees and agents, from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result in my injury or death, accidental or otherwise, during or arising in any way from the exercise program.

*As part of your participation in the LIVESTRONG at the YMCA: A Cancer Survivor Exercise Program, we ask that you complete the requested paperwork, surveys, and functional assessments. **All responses/outcomes are kept confidential; your responses/performance will not be shared with anyone outside the LIVESTRONG at the YMCA program.** The information you provide may be combined with other respondents answers and analyzed and reported in order to help evaluate the programs effectiveness, as well as plan future programs. Thank you for your participation in the program and also for completing the surveys.*

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact in case of emergency

\_\_\_\_\_  
Phone number