



INFORMED CONSENT FORM

Thank you for choosing to use the services and programs designed by Terrina Mason and Living Active Fitness Consulting. I request your understanding and cooperation in maintaining your safety and health by reading and signing the following **INFORMED CONSENT AGREEMENT**.

I, _____, declare that I intend to use some or all of the activities, facilities, programs, and services (herein called "Activities") offered by Terrina Mason and Living Active Fitness Consulting and I understand that each person (myself included), has a different capacity for participating in such Activities. I am aware that all Activities offered are educational, recreational or self-directed in nature. I assume full responsibility during and after my participation in such Activities and for my choices to use or apply, at my own risk, any portion of the information or instruction I receive.

I understand that part of the risk involved in undertaking any of the Activities is relative to my own state of fitness or health (physical, mental or emotional) and the awareness, care and skill with which I conduct myself in any of the Activities designed by Terrina Mason and Living Active Fitness Consulting. In addition, I understand that I am free to withdraw from, reduce or modify my involvement in any of the Activities and I realize that I should do so on recognition of any signs of physical discomfort which may include but not limited to: transient lightheadedness, fainting, chest discomfort, leg cramps, nausea, etc.

I further understand that the possible risks involved in participating in a fitness training program may include: muscle, tendon, ligament, bone and joint soreness; muscle, tendon and ligament strain, tear or rip; bruising, skin lacerations, tears, cuts or punctures, shortness of breath, dizziness, fainting or unconsciousness, tightness in chest, bone breaks, discoloration, separations, or fractures, fatigue, sweating, eye punctures, heart attack, stroke, or even death, aggravation of an existing or past injury, discomfort, or problem with any other injury, discomfort or physical problems associated with physical activity.

I have read and accept the above list of possible risks associated with the fitness program developed and implemented by a certified fitness trainer (Terrina Mason) and Living Active Fitness Consulting. _____ (initial)

I consent to taking all of the above noted risks by **VOLUNTARILY PARTICIPATING** in the health and wellness program designed and implemented by a certified fitness trainer (Terrina Mason) and Living Active Fitness Consulting. _____ (initial)

I declare that I have read, understood and agree to the contents of the INFORMED CONSENT AGREEMENT in its entirety.

Participant: _____ Date: _____

Parent/Guardian (if under 18 yrs.) _____ Date: _____