



## Informed Consent

I hereby state that I have read, understood and answered honestly the questions on the PAR-Q. I wish to participate in physical activities that may include aerobic exercise, resistance exercise and flexibility exercises. I realise that in participating in these activities I may be at risk of injury and even the possibility of death. I hereby confirm that my I am participating voluntarily.

Client name \_\_\_\_\_

Client signature \_\_\_\_\_

Instructor's name \_\_\_\_\_

Instructor's signature \_\_\_\_\_

Date \_\_\_\_\_

Additional note: I confirm that I have taken medical advice and my doctor has agreed that I should exercise

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_