



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 realize that in participating in these activities I may be at risk of injury and even the possibility of death.

I hereby confirm that I am participating voluntarily.

Client name

Client Signature

Instructor name

Date

Emergency contact

Tel/Mobile

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

Client name

Client Signature

Date
