INFORMED CONSENT

The undersigned hereby gives informed consent to engage in a series of procedures relative to completing a written medical/health history, taking a battery of exercise tests, and participating in a variety of physical activities, specifically the Fitness Assessment, consisting of three (3) elements listed below. The purpose of the testing is to determine physical fitness, cardiovascular function and health status. All exercise testing and physical activity sessions will by supervised and monitored by GABRIEL CEBALLOS, CERTIFIED PERSONAL TRAINER. These activities include running and dynamic strength exercises performed in either a field or gymnasium type setting.

There exists the possibility that certain detrimental physiological changes may occur during exercise testing and scheduled exercise training sessions. These changes could include heart related illness, abnormal heart beats, abnormal blood pressure and in rare instances, a heart attack. If abnormal changes were to occur, the trainer. Gabriel Ceballos, has been trained to recognize symptoms and take appropriate action, including administering CPR and First Aid. Should you experience any l feeling of dizziness, loss of balance, shortness of breath, chest pain, overheating, and/or any abnormal pain, please inform your trainer, Gabriel Ceballos immediately.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

NAME: DATE:

SIGNATURE: