

## **INFORMED CONSENT**

Thank you for choosing to use the facilities, services, and programs of Gina Baumgartner of PRO Health & Fitness, LLC. I request your understanding and cooperation in maintaining both yours and my safety and health by reading and signing the following informed consent agreement.

I, \_\_\_\_\_ (Participant signature), declare that I intend to use some or all of the activities, facilities, programs, and services offered by Gina Baumgartner of PRO Health & Fitness, LLC and understand that each person, (myself included), has a different capacity for participating in such activities, facilities, programs, and services. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program. I am aware that all activities, services and programs offered are either educational, recreational, or self-directed in nature. I assume full responsibility, during and after my participation, 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 activity or program is related to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill with which I conduct myself in that activity or program. I acknowledge that my choice to participate in any activity, service, and program of Gina Baumgartner of PRO Health & Fitness, LLC brings with it my assumption of those risks or results stemming from this choice and the fitness, performance, health, awareness, care, and skill that I possess and use.

I recognize that by participating in the activities, facilities, programs, and services offered by Gina Baumgartner of PRO Health & Fitness, LLC I may experience potential health risks which include but are not limited to; transient light headedness, fainting, abnormal blood pressure, chest discomfort, leg cramps, nausea, muscle soreness, muscle strains, and very rare instances of heart attack, stroke, or even death and that I assume willfully those risks. I acknowledge my obligation to immediately inform Gina Baumgartner of PRO Health & Fitness, LLC of any pain, discomfort, fatigue, or any other symptoms that I may suffer during and immediately after my participation. I understand that I may stop or delay my participation in any activity or procedure if I so desire and that I may also be requested to stop and rest by Gina Baumgartner of PRO Health & Fitness, LLC who observes any symptoms of distress or abnormal response.

I understand that I may ask any questions or request further explanation about the activities, facilities, programs, and services offered by Gina Baumgartner of PRO Health & Fitness, LLC at any time before, during, or after my participation. I declare that I have read, understood, and agree to the contents of this informed consent agreement in its entirety.

Signed \_\_\_\_\_

Date \_\_\_\_\_