

Informed Consent Form

The client acknowledges that in the course of personal training sessions that Jay Oppenheim will be designing appropriate fitness programs that will challenge the client. These challenges may result in cardiorespiratory and muscular fatigue. A client may experience lightheadedness, irregularities in heart function, muscle soreness, musculoskeletal injuries, and other physical ailments/injuries.

The client consents to the possibility of being photographed and filmed for promotional and instructional purposes. Photographs and video could be posted on Jay Oppenheim's website and/or business social media sites.

In signing this consent form, you acknowledge that you have read and understood the potential risks of the training. In addition, you state that any questions you have about the fitness training have been answered to your satisfaction. Every effort will be made to ensure your health and safety. You enter fitness training willingly and may withdraw at any time.

Information and data obtained from you or your physician will be confidential. This information will not be released unless written authorization is provided by the client named below.

A physician's examination is recommended for all clients with any exercise restrictions and all men and women over the age of 50. Clients in these categories who do NOT have a prior physician examination MUST acknowledge they have been informed of its importance. By signing below, you accept full responsibility for your own health and well-being AND you acknowledge an understanding that no responsibility is assumed by Jay Oppenheim.

Client's name (please print clearly)

Client's signature

Date: _____

Parent/Guardian's signature (if needed)

Date: _____