



## ARRINGTON TRAINING & DEVELOPMENT

### ATD PERFORMANCE FACILITY CONSENT FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Email: \_\_\_\_\_ Address: \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone #: \_\_\_\_\_

In consideration of my desire to engage in an exercise program at the Arrington Training & Development Training Facility, I understand and agree to the following:

1. Participation by me is completely voluntary.
2. Before I engage in any activity I will complete health history form as well as an evaluation with a Physical Therapist or Athletic Trainer to determine my risk of participating in exercise as well as areas that need to be addressed in my exercise program. If the health history, physical activity readiness questionnaire or evaluation indicates that I should see my physician before exercising, I will do that.
3. I understand that the possibility exists that certain changes may occur during exercise. They may include muscular strains, sprains, and delayed onset muscle soreness, abnormal blood pressure, fainting, disturbances of heart rhythm, and very rare instances of heart attack.
4. I understand that I can minimize the risk of adverse changes occurring during exercise by adhering to the exercise guidelines which discuss the importance of warming up and cooling down, and exercising at a moderate level at least 3 times per week.
5. I, the undersigned, waive and release and agree to hold harmless and indemnify Arrington Training & Development, its employees, agents, officers and directors against any and all claims any way connected with my participation in an exercise program. This agreement is binding on my heirs, executors, administrators and assigns.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_