

Growing Stronger

Participant Consent

I have voluntarily enrolled in a program of progressive exercise. The program is designed to place a gradually increased workload on the heart, lungs, muscles and bones to help improve their function. I understand that risks may include but are not limited to muscle soreness, fainting, disorders of the heart beat, abnormal blood pressure, and in very rare instances, heart attack. To the best of my knowledge I do not have any limiting physical conditions or disability that would preclude an exercise program. Effort will be made to minimize any risks to me by a pre-exercise assessment and a medical screening to be performed by my physician and delivered to **Ardent Solutions, Inc.** prior to my participation in the program.

I release everyone who has designed, promoted or conducted the Growing Stronger Program from all claims or liabilities whatsoever resulting from my participation in this program. I assume all risks and responsibility for any injury, damage or any other adverse event that may result from my participation in this program.

Before I begin this program I understand that a physician screening consent form is required. I understand that each person may react differently to these fitness activities and these reactions cannot be predicted with complete accuracy. I will inform the program Leader and /or my health care provider if I experience any unusual symptoms.

Signature _____

Printed Name _____

Date _____

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