

Housing and Residence Life Wellness Program Informed Consent for Exercise Participation

Welcome to the Housing and Residence Life Wellness Program. Your understanding of the following informed consent agreement is important in helping to ensure your health and safety as a member of this program. Through reading this form, you may become familiarized with some of the benefits and potential risks involved in engaging in a physical fitness program. In addition, you are attesting to voluntarily participating in this program and the contents of its program such as fitness assessments and fitness training.

In becoming a member of a fitness regimen, you are provided the opportunity to build the cardiorespiratory system, the musculoskeletal system and to improve body composition. Furthermore, participation in a regular exercise program could be beneficial in decreasing the risk of heart disease, enhancing psychological functioning, and in improving blood pressure. Participation in fitness training could be beneficial for your health and you understand that you are required to fill out the fitness assessment forms before performing a fitness assessment.

There are potential risks involved with any form of bodily exertion of which the participant should be informed. Each person has a different capacity and the responses of the heart, lung and blood vessel systems to exercise cannot always be predicted with complete accuracy. There is a risk of certain irregular changes occurring during or following exercise which may include abnormalities of blood pressure or heart rates, ineffective functioning of the heart, and in rare instances, heart attacks. In addition, if adequate warm-up, gradual progression and safety procedures are not followed, musculoskeletal injury and pain could result following use of weight lifting equipment and/or engaging in heavy body calisthenics.

Please read and understand the following release form. You are required by the University to sign this document prior to initiation into the wellness exercise program. If at any time during participation of this program, your health status changes or you begin taking prescribed medications, it is the participants' responsibility to notify the Wellness Program Coordinator as soon as possible.

I, _____, the undersigned Participant, for myself, my executors, administrators, heirs, and successors, IN CONSIDERATION of permission granted to me by the University of Massachusetts at Amherst, to use the exercise equipment and to participate in exercise programs, do hereby release the Trustees of The University of Massachusetts, and the officers, employees and agents thereof, from and against all claims, legal actions, demands, judgments, expenses and costs arising out of physical injury resulting to me during and/or after participation in any aspect of physical activity offered by the Residential Wellness Program.

I accept responsibility in monitoring my own condition during physical activity and should unusual symptoms such as dizziness, chest discomfort, or nausea occur, I will cease participation and obtain help if necessary. I also accept responsibility for any voluntary participation in Wellness Program activities.

In the event that a medical clearance must be obtained prior to my participation in the fitness program, I agree to consult my physician and obtain written permission from my physician preceding admission into the Wellness Program. In addition, if my health status changes, it is my responsibility to notify the Wellness Program Coordinator prior to continual usage of the Wellness Centers.

_____ Day of _____, _____.
(day) (month) (year)

(Witness)

(Participant)