

**SOUTH DENVER CARDIOLOGY ASSOCIATES,**  
**A CENTURA HEALTH CLINIC**

**CONSENT/ WAIVER FOR EXERCISE PROGRAM**

**MEDICAL FITNESS FACILITY**

**Exercise Objectives:** The purpose of an exercise program is to develop and maintain cardiorespiratory (aerobic) fitness, muscular strength and endurance, body composition, and flexibility. These recommendations follow national industry standards and should be conducted under the supervision of a trainer with a minimum of a national certification.

**Procedures:** An individual, detailed tour, explanation, and personal demonstration of each piece of exercise equipment in the Wellness Gym will be given to each member of the Wellness Gym. This consent form and waiver will be signed before being allowed to participate in any activity at the Medical Fitness Facility located at the South Denver Heart Center. Exercises may include aerobic activities (treadmill walking/running, cycling, rowing machine, group aerobic activity, and other such activities), calisthenics, weight lifting to improve muscular strength and endurance, and flexibility exercise to improve joint range of motion. All aerobic programs involve a warm-up, exercise at target heart rate, and cool-down components.

**Potential Risks:** All exercise programs/testing are designed to place a gradually increasing workload on the cardiorespiratory and musculoskeletal systems in order to effect improvements. The body's reaction to gradually increasing exercise activities cannot be predicted with complete accuracy. Unusual changes during or following an exercise session may occur. These may include muscular or joint injury, abnormal blood pressure, fainting, disorders of heartbeat, and/or very rare instances of hear attack or death.

**Potential Benefits:** Benefits obtained from a structured and regularly employed exercise program might include a more efficient cardiorespiratory system, an improved musculoskeletal system, a decrease in body fat, a decrease in blood fats, an improvement in psychological function, and a decrease in the risk of heart and other disease. There are no implied or guaranteed benefits.

**Supervision:** South Denver Cardiology Associates, is not responsible for personal injuries and/or damages that occur when the facility and/or individual(s) are not supervised by a trained staff member or during non-operational hours.

**Confidentiality:** All participant exercise program information will be treated as privileged and confidential and will not be revealed to any person (other than the professionally trained instructors involved in the participant's exercise program) without expressed written consent. Obtained information, however, may be used for statistical or scientific purposes with right to privacy retained.

**Inquiry and Freedom of Consent:** I have read the foregoing and I understand the objectives, procedures, potential risks and benefits, supervision issues, and confidentiality involved. Unless otherwise indicated under the "comment" section below. I certify that I am in good health and have no condition that would limit/prohibit my participation in a structured exercise program. I understand that if there are any questions about the procedures or methods used during an exercise session, I should ask a personal trainer who is on staff at the facility. I realize that injury may result from improper exercise techniques or misuse of the exercise facilities or equipment. I agree to be attentive to all instructions given to me and to exercise and use facilities and equipment correctly. I assume responsibility for monitoring my own condition throughout the exercise program and should any unusual symptom(s) occur, I will cease my participation and inform my personal physician. I shall also notify the trainer available and/or supervisor of the South Denver Heart Center Wellness Gym of any changes in my medical status. I consent to the administration of any immediate resuscitation measures deemed advisable by South Denver Cardiology Associates., or other qualified personnel.

**Questions/Comments:** \_\_\_\_\_  
\_\_\_\_\_

*I have read and understand the above information and voluntarily consent to participate in a structured exercise program. I realize that I am free to terminate the exercise program at any time.*

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_