CONSENT

I, _____, (the "Patient") hereby consent to engage in and participate in a fitness appraisal and exercise training program recommended to me by and to be performed by the Kinesiologist named below at the South Calgary Primary Care Network (SCPCN).

As the Patient, I understand that under the leadership of the Kinesiologist, I will be given detailed instructions regarding the amount and kind of exercise I should do as well as direct my activities, monitor my performance, and otherwise evaluate my effort. Throughout the program I consent to have my blood pressure and heart rate evaluated during the sessions to regulate my exercise within desired limits. I understand that the Kinesiologist may reduce or stop my exercise program should any of these findings indicate that this should be done for my safety and benefit. I also understand that I am expected to follow instructions with regard to exercise, diet, and stress management. If I am taking prescribed medications, I have or will inform the Kinesiologist or SCPCN staff prior to engaging in this program and further agree to so inform the Kinesiologist or SCPCN if my doctor has made any changes to these prescribed medications. I understand that it is my complete right to decrease or stop any exercise at any time by notifying my Kinesiologist.

I also understand that during the performance of my Kinesiologist's assessment, physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

As the Patient, I understand that I, at any time, may withdraw my consent for participation in the program, with reasonable prior notice delivered and given to my Kinesiologist, in writing.

As the Patient, I understand, that I may not amend this consent, except upon prior agreement with the Kinesiologist, such agreement to be in written form prior the commencement of such amendment.

As the Patient, I further understand that the clinical, psychological and any other information, which is gathered during the course of my fitness appraisal and exercise training program, is confidential but such information may be shared with my physician(s).

I have read the above consent, have had the opportunity to ask questions about its content, and have had the opportunity to ask questions regarding the procedures and planned activities. This consent will cover the fitness appraisal and entire exercise training program.

_____	_____
Patient's Name	Kinesiologist's Name
_____	_____
Signature of Patient	Witness Name
_____	_____
Date	Signature of Witness

WAIVER AND RELEASE OF LIABILITY

The Patient agrees to abide with and keep and obey all rules and regulations now in force or in the future prescribed by the South Calgary Primary Care Network (SCPCN) during the course of the fitness appraisal and exercise training program to be performed by the Kinesiologist named in the Consent to which this waiver and release is attached at the SCPCN.

The Patient understands and is aware that the fitness appraisal and exercise training program may involve risks to the Patient including, but not limited to, abnormal blood pressure, fainting, dizziness, and in rare instances heart attack, stroke, or death. The Patient further understands and has been informed that there exists the risk of bodily injury to the Patient including, but not limited to, injuries to the muscles, ligaments, tendons, and joints of the body.

The Patient expressly states hereby that he/she will be voluntarily participating in the fitness appraisal and exercise training program referred in the Consent to which this waiver and release is attached, and the Patient hereby assumes all risks of injury of every nature whatsoever and however caused which might result from the fitness appraisal and exercise training program performed by the Kinesiologist. The Patient hereby waives and releases any and all claims, however it is caused, that he/she has or may have against the SCPCN, its employees or agents, and/or the Kinesiologist, for injury sustained by the Patient as a result of the fitness appraisal and/or exercise training program. The Patient also agrees to indemnify and hold harmless the SCPCN and the Kinesiologist from all claims arising from participation in the fitness appraisal and/or exercise training program.

The Patient hereby acknowledges that he/she has carefully read this waiver and release and fully understands that it is a waiver and release of liability of the SCPCN and the Kinesiologist.

_____

Patient's Name (*Please print*)

_____

Signature of Patient

_____

Date Signed

_____

Witness Name (*Please print*)

_____

Signature of Witness