

# Sherry Velthouse, LCC

## -The Fitness Motivator-

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### Informed Consent

As part of this experience, I understand that I will be asked to perform various exercises and assessments to evaluate and improve my level of physical fitness. I understand that I am free to ask any questions about any assessments performed. If for any reason I am unable to perform a given assessment, I will inform Sherry Velthouse, LLC representative.

There are certain risks associated with any physical activity. These include abnormal blood pressure or heart rate responses, heart beat disorder, fainting, and in rare cases, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation on preliminary information relating to my health status and by observation of symptoms during exercise.

Because my health status can directly affect my safety during exercise, I will disclose any problems about my health status to Sherry Velthouse, LLC representative. I will also promptly report any feelings of discomfort or pain associated with a given assessment to Sherry Velthouse, LLC representative.

My enrollment and consent to participate in this fitness experience is voluntary and I realize that I am free to withdraw at any time. If I have further questions regarding this fitness experience I am free to contact Sherry Velthouse at (616)403-6961

I have read this form and give written consent to participate in this fitness experience.

#### Participant

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Reviewer

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please photocopy and retain a copy for yourself.