

## Fit for Life

### **Informed consent**

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise. In signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results, including, but not limited to, abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well-being and hold Elizabeth DellaPorta harmless of responsibility with this program and testing procedures.

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Client's signature and/or parent/ guardian

Date

### Waiver

By signing this document, I acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I fully understand that the program is highly strenuous and choose to participate completely

voluntarily. I accept all responsibility for my health and any resultant injury or mishap that may affect my well-being or health in any way. I hold Elizabeth DellaPorta harmless of any responsibility involved with this program or testing procedures.

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Client's signature and/or parent/ guardian

Date

### Challenges

I expect the following challenges \_\_\_\_\_

The hardest change for me will be \_\_\_\_\_

I'm going to handle these challenges by \_\_\_\_\_

I am responsible for my own success \_\_\_\_\_

Contract with self