

St. Clair County Community Mental Health

Consent for Exercise Program



Individual: _____

Case #: _____

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 industry standards and should be conducted under the supervision of a trainer with a minimum of a national certification.

Procedures: A structured exercise program based on individual needs (obtained fitness assessment information), interests, and/or physician's recommendations will be given to each participant. Exercises may include aerobic activities (treadmill walking/running, cycling, rowing machine exercise, group aerobic activity, swimming, and other such activities), calisthenics and 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 and follow American College of Sports Medicine's recommendations.

Potential Risks: All exercise programs/testing are designed to place a gradually increasing workload on the cardio-respiratory 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 heart 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 diseases.

Supervision: Your trainer is not responsible for injuries and/or damages that occur when the facility/individual(s) are not supervised by your trainer or during non-operational hours.

Confidentiality: All participant exercise program information will be treated as privileged and confidential and will not be shared without your consent except as written in this paragraph. The Michigan Mental Health Code and HIPAA regulations allowing sharing of information without consent for purposes of treatment, coordination of care or payment; however, an attempt to obtain your consent prior to any release of information for these purposes will occur. Additionally, your information may be used for statistical or scientific purposes but your name and any other identifying information would not be included to protect your privacy.

Release and Waiver of Liability: I have read the above information and I understand the objectives, procedures, potential risks and benefits, supervision issues, and confidentiality involved. Unless otherwise indicated under the "comments" 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 my trainer. I realize that injury may result from many causes, including but not limited to, improper exercise techniques or misuse of 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 trainer. I shall also notify my trainer of any changes in my medical status. I consent to the administration of any immediate resuscitation measures deemed advisable by my trainer or other qualified personnel. I understand that in no way will St. Clair County Community Mental Health be responsible for any injury or death from my participation in this program and I will not seek any reimbursement for any medical expenses.

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.

Individual Signature: _____ **Date:** _____

Guardian Signature: _____ **Date:** _____

Health Mentor Signature: _____ **Date:** _____