

Exercise Waiver
Chateau Lake San Marcos Fitness Program

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

Potential Risks: All exercise programs are designed to gradually increase 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 cardio-respiratory 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.

Freedom of Consent: I have read the foregoing and I understand the objectives and the potential risks and benefits involved. I certify that I have no health problem or condition that would prohibit my participation in a structured exercise program. I have also obtained consent from my physician to enter into an exercise program. I agree to be attentive to all instructions given to me by my instructor. I assume responsibility for monitoring my own condition throughout the exercise program and should any unusual symptom(s) occur, I will cease participation and inform my instructor. I will also notify my instructor (trainer) of any changes in my medical status. **I have volunteered to participate in this program of progressive physical exercise. I waive any possibility of personal damage which may be blamed upon such a program in the future and accept the responsibility for requesting such exercise and assistance.**

Resident's Name (Please Print) _____ **Unit** _____

Signature _____ **Date** _____