INFORMED CONSENT ACKNOWLEDGEMENT

Participating in physical exercises involves activities that use cardiovascular function, strength training, balance, flexibility and deep breathing. These types of activities may include risks including, but not limited to, increase in heart rate, light headiness, falls, contact with other participants, sprains and strains.

I represent and warrant that I am physically fit and able to participate in physical exercise. I agree to stop and request assistance if I experience any symptoms, such as dizziness, excessive fatigue, chest pains, pains in my shoulder, arms, or hands, shortness of breath, or any other conditions which would make it difficult or unsafe to continue. I acknowledge that my participation in any fitness session offered by Healthy Downstate is voluntary and that I can stop my participation at any time. I further acknowledge that I am participating in the session at my own risk. **I agree, for myself, my heirs, executors and administrators, not to sue and hereby agree to release, indemnify and hold harmless, SUNY Downstate Medical Center and its representatives from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation this exercise program.**

Name_______________________________________ Extension/Cell number_______________________________________

Sign_________________________________________ Date_________________________________________