



STRENGTH • MOBILITY • PERFORMANCE

INFORMED CONSENT

Fitness Assessment & Personal Training

Client Name: _____

Date: _____

PURPOSE & PROCEDURES

Participation with **MR Method** may include an initial fitness and movement assessment and individualized personal training. The initial assessment is designed to establish baseline information about your current movement and fitness abilities and assist in developing an individualized exercise program.

Assessment procedures may include evaluation of posture and gait, mobility and flexibility, balance and stability, fundamental movement patterns, muscular strength and endurance, and other appropriate non-medical fitness measures. Personal training may include resistance training, mobility and flexibility exercises, balance and stability training, conditioning, and other exercises selected according to your goals, abilities, and training needs.

These services are provided for **fitness and exercise-programming purposes** and are not intended to diagnose, treat, or rehabilitate a medical condition or injury.

RISKS & DISCOMFORTS

I understand that fitness assessments and physical exercise involve inherent risks. These may include fatigue, muscle soreness, dizziness, loss of balance, falls, strains, sprains, and other musculoskeletal injuries. More serious adverse events, although uncommon, may also occur. I agree to immediately report pain, dizziness, unusual shortness of breath, discomfort, or other concerning symptoms occurring before, during, or after an assessment or training session.

POTENTIAL BENEFITS

Participation in an individualized exercise program may contribute to improvements in strength, mobility, flexibility, balance, movement quality, physical fitness, and athletic or functional performance. I understand that individual responses to exercise vary and **no specific outcome or result is guaranteed**.

CLIENT RESPONSIBILITIES

I agree to provide accurate and complete information regarding my health history, injuries, physical limitations, medications, and other information relevant to safe participation. I agree to inform my trainer of significant changes in my health, symptoms, injuries, medications, or physical condition that could affect my ability to participate safely. I understand that MR Method may recommend medical evaluation or clearance from an appropriate healthcare professional before beginning or continuing certain activities when appropriate.

VOLUNTARY PARTICIPATION

My participation is voluntary. I may ask questions at any time and may decline an assessment or exercise, request a modification, or stop participation at any time. I agree to communicate concerns, pain, or discomfort so that an activity may be stopped or modified when appropriate.

CONFIDENTIALITY

Information collected through my health screening, consultation, assessment, and training will be treated as confidential and used for purposes related to providing personal training services, except when disclosure is required by law or authorized by me.

ACKNOWLEDGMENT & CONSENT

I acknowledge that I have read and understand this document. I have had the opportunity to ask questions regarding the purpose, procedures, potential risks, and potential benefits of fitness assessment and personal training, and my questions have been answered to my satisfaction. I voluntarily consent to participate in fitness and movement assessments and personal training services provided by **MR Method**.

Client Signature: _____

Date: _____

Trainer Signature: _____

Date: _____

MR METHOD
Trust the Method.