



Create Your Own Finish Line, LLC Address: 4242 Airport Road, Cincinnati Oh, 45226 Ph: (513) 324-7196

### Informed Consent Form

I \_\_\_\_\_ have enrolled in a program of strenuous physical activity including, but not limited to, traditional aerobics, body weight resistance training, weight training, stationary bicycling, and the use of various aerobic-conditioning machinery offered by Jessica Ghantous. I am aware that participating in these types of activities, even when completed properly, can be dangerous. It is my understanding and I have been informed that there exists the remote possibility, during exercise, of adverse changes including, but not limited to, neck or back injury, abnormal blood pressure, fainting, dizziness, disorders of heart rhythm, and in very rare instances heart attack, brain damage, paralysis, stroke, or even death. I further understand and I have been informed that there exists the risk of bodily injury, including, but not limited to, injuries to the muscles, ligaments, tendons, joints of the body, and serious impairment to other aspects of my body, general health, and well-being.

Because of the dangers of participating, I recognize the importance of following the personal trainer's instructions regarding proper techniques and training, as well as other organization rules. I understand that I am, therefore, expected to follow instructions provided by Jessica Ghantous in connection with the exercise or fitness plan.

I certify I am in good health and have provided verification from a licensed physician, if necessary, that I am able to undertake a general fitness training program. If I am taking prescribed medications, I have already informed Jessica Ghantous and further agree to inform her of any changes with which my doctor, or I, have made in regard to their use.

I understand that I am responsible for my own medical insurance and will maintain that insurance throughout my entire period of participation with Jessica Ghantous' training program. I will assume any additional expenses incurred that go beyond my health coverage. I will notify Jessica Ghantous of any significant injury that requires medical attention (such as emergency care, hospitalization, etc.)

I have read this Informed Consent form and fully understand its terms. I fully understand the risks associated with exercise, but knowing these risks, it is my desire to participate as herein indicated. I hereby consent to voluntarily engage in this exercise program so long as Jessica Ghantous administers the acceptable plan in accordance with the reasonable standard of care.

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone Number \_\_\_\_\_



\_\_\_\_\_ is a service mark of Create Your Own Finish Line, LLC for its physical fitness, instruction, training, and education services.

