

ANNEX B

INFORMED CONSENT FOR PARTICIPATION IN THE CIVILIAN FITNESS AND HEALTH PROMOTION PROGRAM (Title 5 without military affiliation and State Employees)

I desire to engage voluntarily in the Civilian Fitness and Health Promotion Program to attempt to improve my physical fitness and general health. I understand the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardiorespiratory system and thereby attempt to improve function and overall health. The reaction of the cardiorespiratory system to such activities cannot be predicted with complete accuracy. Certain changes might occur during or after exercise. These changes might include abnormalities in blood pressure or heart rate.

I understand the purpose of the fitness program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, muscular strength, and/or endurance. I understand fitness programs include warm-up, exercise, and cool-down activities and may include walking, aerobic exercise, and strength training. I understand I am responsible for monitoring my own condition throughout my fitness program. If any unusual symptoms occur, I will stop my participation and seek immediate medical treatment, as needed.

In accordance with the guidelines for the Civilian Fitness and Health Promotion Program, I must obtain a medical clearance before participating in the program, I agree to consult my medical provider and obtain practitioner approval before beginning the program.

In consideration for being allowed to participate in this program, I agree I am voluntarily participating in this program, and I assume the risk of such exercise. I further agree to hold harmless my organization and its employees and leaders, from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result in my injury or death, accidental or otherwise, during or arising in any way from the program. In signing this consent form, I affirm I have read this form in its entirety, and I understand the nature of the program in which I choose to participate.

I understand this is my responsibility to obtain medical approval before participating in the program.

Employee Name: _____

Organization: _____

Employee Signature/Date: _____