

Name: _____ Assessment Date: _____

Welcome to the Fitness Center at High Point Regional Hospital!

We are very happy that you have chosen us to help you with your health and fitness goals. As part of your membership, there are several fitness assessments available to you. The information from these assessments will then be used in the development of your personal exercise program. Please take a moment to fill in your particular goals and assessment requests.

My specific fitness goals are:

- | | |
|---|--|
| <input type="checkbox"/> Improve cardiovascular fitness | <input type="checkbox"/> Improve flexibility |
| <input type="checkbox"/> Increase strength | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reduce body fat | _____ |
| | _____ |
| | _____ |

I understand that I will undergo certain fitness tests as they pertain to my particular goals. The testing procedures as well as the risk/complications have been explained to me by an Exercise Physiologist. I understand the fitness assessment is not intended to replace any medical screening that may be necessary for my participation at The Fitness Center. The information obtained will be treated as privileged and confidential and will not be released or revealed without my written consent. I voluntarily agree to submit to such assessment procedures and to assume all risk associated with my participation.

Participant Signature

Date: _____

It is my decision to not perform any and/or all of the physical screens and assessments. It is my choice to enroll in to The Fitness Center without participating in said assessments and begin exercise devoid of this information.

Participant Signature

Date: _____