



## Oakland University Recreation and Well-being Informed Consent Form

Name \_\_\_\_\_

I desire to engage voluntarily in University Recreation and Well-Being's Biggest Loser Recharged Program in order to attempt to improve my physical fitness. I understand that the activities are designed to place a gradually increasing workload on the musculoskeletal, metabolic, and/or cardiorespiratory system and thereby attempt to improve function. The reaction of the cardiorespiratory system to such activities can't be predicted with complete accuracy. There is a risk of certain changes that might occur during or following the exercise. These changes might include abnormal blood pressure; fainting; irregular, fast or slow heart rhythm; and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by careful observations during your group personal training sessions.

Included in the program are 1-hour group personal training sessions with a personal trainer twice a week, a prefitness assessment and a post- fitness assessment. All exercise programs include a warm-up, exercise, and cooldown. All sessions are designed to place a gradually increasing workload on the body in order to improve overall fitness. The rate of progression is regulated by perceived effort of exercise.

I understand that I am responsible for monitoring my own condition throughout the exercise program and should any symptoms occur, I would cease my participation and inform the personal trainer of the symptoms that I'm experiencing.

In signing this consent form, I affirm that I have read this form in its entirety and I understand the nature of University Recreation and Well-Being's Biggest Loser Program. I agree to consult with my physician and speak to the personal trainer about issues and concerns that I (or my physician) may have regarding participation. Knowing these risks and discomforts and having an opportunity to ask questions that have been answered to my satisfaction; I consent to participate in this program.

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\_\_\_\_\_  
(Signature of Participant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Person Administering Test)

\_\_\_\_\_  
(Date)

**Please Return Completed Form To:** Erin Davidson, Fitness Programs & Services Coordinator  
**Email:** elwolak@oakland.edu      **Work:** (248) 370-4911      **Fax:** (248) 370-4889