



P. A. S. S.
Power – Agility – Speed – Strength

Athlete's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Parent/Guardian Name: _____ Parent/Guardian Cell Phone: _____

Athlete Date of Birth: _____ Age: _____ School: _____

Special Medical Conditions: _____

I hereby voluntarily give consent to engage in a fitness test and program. I understand that the cardiovascular fitness test and program will involve progressive stages of increasing effort. I understand that during some tests and programs I may be encouraged to work at maximum effort.

I understand there are certain changes which may occur during the exercise test and program they include abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack. I understand that every effort will be made to minimize problems by preliminary examination and observation during test and workouts.

I understand that I am responsible for monitoring my own condition throughout testing/workouts and should any unusual symptoms occur, I will cease my participation and inform the administrator of the symptoms. Unusual symptoms include, but are not limited to: chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.

Also, in consideration of being allowed to participate in the fitness tests/workouts, I agree to assume all risks of such fitness testing/workouts, and hereby release and hold harmless BARRY BAKER as well as CORNERSTONE FITNESS & WELLNESS, LLC, their agents and employees, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessments and programs.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Parent/Guardian

Print Name:	Date
Signature:	