



PSP Reconditioning Program Info/Consent

Participant Information

1. This program is mandatory and monitored to ensure that health and fitness goals are attained, as regular attendance will lead to regular progressions in fitness.
2. I, the undersigned, am to report to the base gym on time and in PT gear for all appointments with PSP Reconditioning Staff.
3. It is my responsibility to complete only the prescribed PT program, and to log all workouts to demonstrate completion of the prescribed workout.
4. It is my responsibility to contact the PSP staff in advance if:
 - a. I am unable to attend a scheduled appointment with Reconditioning Staff (preferably by email). Failure to do so may result in my attendance being recorded as Non-Compliant;
 - b. there is a change in my medical condition (e.g. I receive a new diagnosis, a change in medication, an increase in pain etc.) which affects my ability to exercise, while participating in Reconditioning
 - c. I am unable to complete, or if I am having difficulty completing, my prescribed PT program in full for any reason

Informed Consent

5. I, the undersigned, do hereby acknowledge:
 - a. my consent to be coached and receive instruction in safe aerobic and resistance training principles and practices
 - b. my consent to undergo an assessment of my physical activity, lifestyle and fitness. The assessment will be administered by PSP staff and may include:
 - (1) answering questions concerning physical activity and lifestyle factors such as smoking, sleep and nutrition,
 - (2) measures of my heart rate, blood pressure, height, weight and waist circumference,
 - (3) a sub-maximal or maximal aerobic fitness test, and/or a series of mobility, stability, flexibility, and movement pattern assessments,
 - (4) a series of musculoskeletal fitness tests that may include the FORCE evaluation or some of its components.
 - c. that there are potential risks when exercising, including episodes or transient light-headedness, fainting, abnormal blood pressure, chest discomfort, muscle soreness, and nausea, and that I assume willfully those risks,
 - d. my obligation to immediately inform the PSP staff of any pain, discomfort, fatigue, or any other symptoms/injuries that I may experience during and immediately after the scheduled activity.
 - e. that further clarifications may be required to develop a safe reconditioning program and authorize the Reconditioning staff to communicate directly with the referring health care provider.
6. I have read, understand and will comply with the above-mentioned rules and regulations.

Member Printed Name

Member Signature

Date