

Participant's Consent Form

The Fitness Clinic for the Physically Disabled

Date: _____

Name: _____

I have enrolled in the Fitness Clinic for the Physically Disabled at San Diego State University of my own free choice. I am aware that a prescribed physical activity program will be designed to specifically meet my needs. I also understand that I must obtain a medical clearance from my physician prior to beginning this activity program.

I have discussed my medical condition(s) and other relevant information with the Clinic Program Director. I am aware that it is my responsibility to update my instructors of any changes that occur in my medical status or medications. I realize that, should the activities the clinic promotes aggravate my condition, appropriate modifications will be made.

I am aware that my daily attendance is critical to any improvement I might make, and will attend class as regularly as possible.

I have been instructed in and understand the extent of the emergency procedures available in the Fitness Clinic for the Physically Disabled.

Date: _____ Participant Signature _____