



Informed Consent Form

(Name)

(Date)

(Work Phone)

In consideration of my desire to engage in physical activity at Regency Towers Condominium Association, I understand and agree to the following:

1. Participation by me in the activity is entirely voluntary.
2. I understand that the possibility exists that certain changes may occur during exercise. They may include abnormal blood pressure, fainting, disturbances of heart rhythm, and very rare instances of heart attack.
3. I understand that I can minimize the risk of adverse changes occurring during exercise by adhering to the exercise guidelines, which discuss the importance of warming up and cooling down, and exercising at a moderate level at least 3 times per week.
4. I, the undersigned, waive and release and agree to hold harmless and indemnify Regency Towers Condominium Association, its employees, agents, officers, and directors against any and all claims any way connected with my participation in an exercise program.

(Signature of Participant/Date)