

FORM 1

CONSENT TO PARTICIPATE IN A CASE REPORT

[_____] (hereinafter "you") have asked me to participate in a
NAME OF ENTITY OR INDIVIDUAL
Case Report, in which you will report on my condition and the results of exercise instruction services rendered or exercise recommendations by you.

I understand that any information about me that is observed by you or provided by me may be used in reports, articles or presentations regarding my case (collectively, "Case Report").

I understand that the following information concerning me will NOT appear in any Case Reports: my name, social security number, date and place of birth, or mother's maiden. However, I understand that my age may appear in Case Report.

My participation in the Case Report is voluntary, and I understand that I may stop at any time by simply advising you of my wishes.

If, during the course of receiving exercise instruction services and exercise recommendations from you, you take photographs or videos of me, I hereby consent to your use of such photos/videos in in connection with Case Report

Signature of Client

Date

Signature of Witness

Date

For Clients under the age of 18: The undersigned is a parent or legal guardian of _____ and on his/her behalf, hereby consents to his/her participation in the Case Report and inclusion of information, photos and videos in the Case Report as more fully set forth above.

Parent/Legal Guardian Signature

Date