

# *Important Information For Clients*

## **Informed consent**

I will inform the trainer of all my known health problems and will provide updates on any changes to my health to ensure appropriate modifications to my exercise can be made, if necessary.

I understand that I may experience post exercise discomfort, but is not limited to muscle soreness or stiffness. To avoid these discomforts, the trainer may advise me to complete a homecare programme.

I authorise the trainer to release information pertaining to my condition/s and/or exercise session to/from third parties if necessary.

I have read and understood the above statements for informed consent for an exercise programme to be compiled for me. I understand that at any time I may withdraw my consent and the exercise sessions will be stopped.

I understand that if I have any of the following conditions that I am not able to use the fitvibe during the time that I have the condition:

- Acute disease/Inflammation
- Wearing a pacemaker
- Acute thrombosis
- Fresh wounds resulting from an operation or surgical intervention
- Pregnancy
- Osteoporosis in an advanced stage
- Epilepsy

I understand that if I have any of the following conditions, that I will get my physicians approval before using the fitvibe:

- Acute hernia, discopathy, spondylolysis
- Cardio-vascular disease
- Wearing recently fitted IUD's, coils, metal pins, bolts or plates
- Gall and kidney stones
- Synthetic joints

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Signature

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Date