

Name \_\_\_\_\_ DOB \_\_\_\_\_

The Cardiac and Rehabilitation Exercise Plus (C.A.R.E. +) program is an aerobic and strength conditioning program. I understand there are musculoskeletal risks related to these activities (i.e. muscle strain, injuries, over-exertion, etc). There is also risk of certain cardiac changes occurring during or following the exercise. These changes include, but are not limited to: abnormalities of blood pressure, increased/irregular heart rate, ineffective heart rate, heart attack, cardiac arrest, stroke, or death. I understand there is a risk of injury, but knowing those risks, it is my desire to participate. Every effort will be made to avoid such events, including: staff assessment of my condition before exercise, staff supervision during the exercise, and my cooperation in observing my limitations and reporting any symptoms. Emergency equipment and trained personnel are available in the event emergencies occur. I have been advised that it is my right to stop exercising at any time, and I should stop exercising immediately if experiencing chest pain, shortness of breath, or any other symptoms as instructed by rehabilitation staff.

I consent to participate in the C.A.R.E. + program, and accept my responsibility as a partner in managing my limitations and exercise plan. The C.A.R.E. + program is a voluntary program. I understand that no ECG monitoring will be performed. I will be asked to check and document my pulse before, during, and after exercise. I understand that I am the best judge of my aerobic and conditioning capabilities.

Payment / Attendance in C.A.R.E. +: Payment must be received before participation will be allowed in a session. I understand that “purchased” exercise sessions expire in 90 days. If unable to attend the maintenance program for longer than 6 months, I understand that a new medical clearance form may be requested from my physician before being allowed to participate.

I will accept and follow the rules given to me. I understand that no guarantees have been made to me concerning my participation in this program or the results of such participation. I understand that there are remote risks other than what is described that may be associated with the program. Despite the fact that recounting all of the remote risks is not possible, I am satisfied with the review of these risks that was provided to me, and it is still my desire to participate. I acknowledge that I have read the foregoing and I understand it. All questions that have occurred to me regarding my participation in this exercise program and regarding this informed consent have been answered to my satisfaction.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_