

Consent Form  
*Ballistic Strength Nanaimo*

Thank you for choosing *Ballistic Strength Nanaimo (BSN)*. I request your understanding and cooperation in maintaining both your and our safety and health by reading and signing the following INFORMED CONSENT AGREEMENT.

I, \_\_\_\_\_, declare that I intend to participate in the program(s) offered by *BSN* and I understand that each person (myself included) possesses unique abilities and limitations both physical and neurological that may prevent me from performing certain exercises as intended. As such, I am aware that the workout offered can be a risk and I assume all responsibility during and after my participation.

I understand that part of the risk involved in undertaking physical activity is relative to my own current state of health and physical fitness and the awareness, care and skill with which I conduct myself in that activity. I acknowledge that my choice to participate in this program brings with it the assumption of risks that may result from my choice to participate in the program. In addition, I understand that I am free to withdraw from the involvement of the program, depending on the agreement made between me and the *BSN* coach, and that I will report any physical or mental exertion that I may be experiencing prior to doing so.

I acknowledge that a major predictor of future injury is a history of previous injury and that any nondisclosure of previous injury is a violation of this agreement. I also acknowledge that any asymmetries or movement dysfunctions that I may possess are likely the result of chronically reinforced compensatory movement patterns stemming from possible mobility restrictions. As such I agree that the path to correcting any such dysfunctions requires a conscious effort on my behalf. I agree to prioritize mobility before “fitness” and understand that failing to do so would be adding fitness to dysfunction and increasing my risk of future injury.

In addition, I acknowledge that I have inquired about the nature of the program if I am not fully familiar and I have been informed of the inherent risks.

I declare that I have read, understood, and agree to the contents of this INFORMED CONSENT AGREEMENT in its entirety.

Participant:

Witness:

\_\_\_\_\_

\_\_\_\_\_

Date:

Date:

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Please note cancellations must be 24 hours in advance or client will still be charged.