

I agree to the following recommendations and conditions explained to me regarding the weight loss exercise program I am participating in:

1. **Regular attendance:** I realize in order to obtain maximum benefit I should regularly attend the exercise program and follow my exercise prescription, a minimum of 3 days per week.
2. **Blood glucose monitoring:** If applicable, I will monitor my blood glucose before and/or after exercise or as recommended by the weight management staff.
3. **Exercise prescription:** I will comply with the weight management staff instructions regarding the frequency, intensity and duration of my exercise.
4. **Exercise equipment:** I will comply with staff instructions regarding use of the exercise equipment at the weight management facility and during home use.
5. **Exercise intolerance:** I agree to **stop exercise and immediately report any occurrence** of chest discomfort, palpitations, unusual shortness of breath, fatigue, weakness, leg cramps, dizziness, or blurred vision, or other unusual feeling to a staff member or my physician.
6. **Illness or Symptoms:** If not feeling well at home, or if I feel I may need medical attention, I will **not** come to exercise, but will notify my physician.
7. **Medical changes:** I will alert a staff member of **any** changes in my medical status, medications **prior to weight management session**. I understand there is a possibility I may not be able to resume exercise without written permission from my physician.

**My Personal Weight Loss Goals:**

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**I have read and understand the above material.**

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 Participant Date

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