

I, the undersigned, consent to participate in this weight management program. I also hereby certify and agree as follows:

1. I understand that the purpose of the program is to assist me in successfully managing my body weight. I understand that the program will follow a treatment plan, which will include an exercise prescription, nutrition plan, and behavioral management developed in cooperation with my weight management team, and may also include weight management education, coaching, counseling, and physical exercise.
2. I recognize and understand that there exists the possibility with exercise of adverse physical changes including abnormal blood pressure, fainting, disorders of heart rhythm, and very rare instances of heart attack, stroke, or even death.
3. I understand and acknowledge that only a physician is qualified to advise me regarding the specific health risks that I may be exposed to as a result of participation in any exercise program and dietary changes. I have consulted with my physician and have determined in my own judgment based on my physician's advice that it is acceptable for me to participate in this program.
4. I understand that this treatment may or may not benefit my health status or physical fitness, but that many individuals who participate in such programs show improvements in physical fitness and weight management.
5. I have been informed that the information obtained from this program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my expressed written consent. I understand and acknowledge that the information may be used for statistical or scientific purposes with my right to privacy protected.

I hereby agree to release and hold harmless \_\_\_\_\_ and its staff and employees from any and all liability claims, suits or damages whatsoever on account of any injury or other damages suffered or incurred by me as a result of my voluntary participation in this weight management program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time A.M.  
P.M.