



ICONIC WELLNESS

Informed Consent Form – Wellness Program

Iconic Wellness LLC.

Client Contact Information:

Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

General Statement of Program Objectives and Procedures:

I understand that the wellness program includes exercises to build the cardiorespiratory system (heart and lungs) and the musculoskeletal system (muscle endurance and strength, and flexibility). Exercise may include aerobic activities (walking, running), bodyweight exercises, and functional movement training to improve function, and flexibility exercises to improve joint range of motion.

Description of Potential Risks:

I understand that the reaction of the cardiovascular and respiratory systems to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities. Engaging in heavy bodyweight exercises or intense physical activity may lead to musculoskeletal strains, pain, and injury if inadequate warm-up and safety procedures are not followed. I understand that Iconic Wellness, LLC. shall not be liable for any damages arising from personal injuries sustained by client during or after the wellness program. The client using the exercise equipment during the wellness program does so at their own risk and assumes full responsibility for any injuries or damages which may occur during the session. I hereby fully and forever release and discharge Iconic Wellness, LLC and its related parties from all claims, demands, damages, rights of action, present and future. I understand and release and agree that I am in adequate physical condition to participate in the wellness program, and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise (**other than those items fully discussed on health history form**). I have stated that I have had a recent physical check-up and have my personal physician's permission to engage in this wellness program.

Statement of Financial Responsibility:

I understand that I have a responsibility to ensure payment in full for the fees and bills that occur as a result of participation in programs at Iconic Wellness. I agree that I am financially responsible for the payment and any outstanding balances. I also understand that the cancellation policy requires me to give a 24-hour notice if I am unable to attend my appointment. If I fail to notify Iconic Wellness of a cancellation without a 24-hour notice, I agree to pay a \$25 fee.

Signature of Client: _____

Date: _____