

**Dr. Donald A. Ozello DC, NSCA-CPT**  
**NSCA-CPT ID: 7348530862**  
**drdozellodc@aol.com**  
**702 286-9040**

**Informed Consent, Risk and Liability**

I clearly understand that all services rendered upon me are charged directly to me and that I am personally responsible for payment.

I clearly understand that this personal training program will include exercises to build the cardiorespiratory system (heart and lungs), to build the musculoskeletal system and to improve body composition (increasing muscles and decreasing body fat). Exercises may include aerobic exercises, such as walking, running, bike riding, rowing machines, exercise machines and other activities. Exercises may include anaerobic exercises such as bodyweight exercises and weight lifting (free weights, machines and other equipment) to increase muscular strength, power and endurance. Exercises may include mobility exercises and balance exercises

I clearly understand that the reaction of the heart, lungs, blood vessels and other systems to exercises cannot be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during exercises, which include abnormalities of blood pressure or heart attacks as well as other possible side effects. Weight lifting and body weight exercises may lead to musculoskeletal pain, strains and injuries, especially if adequate warm-up, gradual progression, proper technique and safety procedures are not utilized. I understand that Dr Donald A Ozello DC, NSCA-CPT shall not be liable for any damages arising from personal injuries sustained by me while and during and/or from a personal training program and I do so at my own risk. I assume full responsibilities for any injuries or damages which may occur during and/or after my training.

I hereby fully and forever release and discharge Dr Donald A Ozello DC, NSCA-CPT from all claims, demands, damages, rights of action, present and future therein,

I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in an exercise program (other than the items discussed on my initial information form).

I have had a recent physical examination and have my physician's permission to engage in personal training.

I understand the benefits that a program of regular exercise for the heart, lungs, muscles and joints has many benefits. These may include decrease in body fat, improvement in blood fats levels and blood pressure, improvements in physiological function and decrease in heart disease.

I have read the foregoing information and understand it. Any questions which may have occurred have been answered to my satisfaction.

I clearly understand the benefits and risks of performing physical exercise and utilizing a training routine formulated by Dr Donald A Ozello DC, NSCA-CPT and I consent to being his personal training client.

Client's Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Client's Signature \_\_\_\_\_