**The Division of Cardiology’s Exercise Prescription Program**

**Participant Agreement**

**Benefits of Physical Activity**

Regular exercise can reduce your risk of cardiovascular disease. Some other benefits include:

* Increased muscular strength
* Improved energy levels
* Reduced risk of osteoporosis

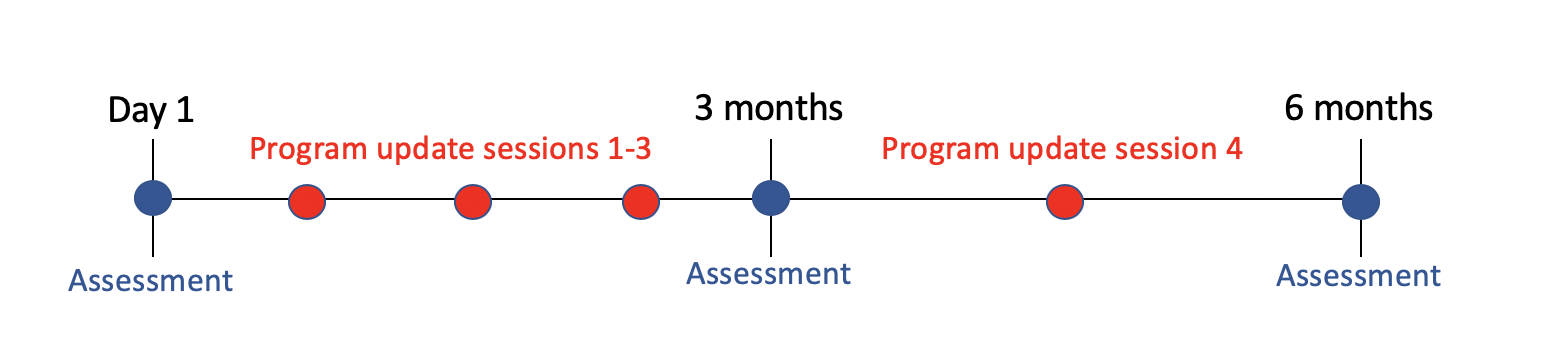
**Risks of Physical Activity**

The benefits of physical activity far outweigh the possible associated risks. However, the risks of starting a physical activity program include:

* Musculoskeletal injury
* Arrhythmia
* Sudden cardiac death or myocardial infarction

**Program Structure**

Your personal trainer will design a personalized exercise program for you to follow 2-3 times a week. Each home program will include **aerobic activity**, **strength training**, and **stretching**.



You will meet with your trainer to update your program every **3-4 weeks** for the first 3 months and every **6 weeks** for the last 3 months. You will be assessed at baseline, 3 months, and 6 months.

**Participant Goals**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Training Specialist**

By signing this form, I certify that I have stated the risks and benefits of the program.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Participant**

By signing this form, I certify that I have fully disclosed all pertinent health information. I agree to commit to the program for 6 months.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_