



## **CONSENT FORM**

### **Vancouver Island Community-Based Cardiac Rehabilitation Exercise Program (the "Program")**

I, \_\_\_\_\_, declare that I intend to participate in the Program at the Saanich Commonwealth Place facility. My participation in this guided and supervised exercise program has been recommended and approved by my physician,

Dr. \_\_\_\_\_.

### ***Awareness of Risk***

I acknowledge that with any exercise and physical activity there is a risk of adverse symptoms including changes in blood pressure or heart rate, fainting and in very rare cases, a heart attack, stroke, or death may occur during or after exercise. I understand these risks and freely accept them.

I understand that before I enter the Program I will have had, through my physician, a clinical evaluation. The purpose is to detect any condition that would indicate that I should not engage in the Take Heart & Breathe Well Program and to determine my most suitable level of exercise.

I understand that if I participate in the Program I will be asked to perform physical activities that will place a gradually increasing workload on my cardiovascular system. I agree to exercise within the recommended guidelines made by my physician and the individuals delivering the program. I acknowledge that I am responsible to report any discomfort or symptoms that I experience during or after an exercise session to the individuals delivering the program and to my family physician.

I understand that regardless of any Personal Directives I may have in place, if I am participating in the Program I can expect appropriate and timely medical care in the unlikely event of a sudden illness. This could include CPR, use of an AED, and calling an ambulance and referral to advanced medical care.

**I recognize that by signing this document, I am waiving certain legal rights, including the right to sue.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date