



8-week course consent form for The Aging Gracefully Course



I, _____, hereby acknowledge and agree to participate in the Aging Gracefully 8-week course ("the Course") provided by GL Rehabilitation, led by Matt Pechacek, PT, DPT ("the Instructor"). I understand and accept the following terms and conditions:

- 1. Voluntary Participation:** I acknowledge that my participation in the Course is entirely voluntary. I understand that attendance is voluntary and the payment of \$10 for online resources of the presenter notes can be purchased at the person's own time. I have the option to withdraw at any time without penalty. While I may attend any course session, it is recommended that I attend all sessions in order to gain the full benefits of the Course.
- 2. Assumption of Risk:** I understand that engaging in physical activity, including exercises and activities presented in the Course, involves inherent risks of injury. By participating, I voluntarily assume all such risks, which may include, but are not limited to, muscle strains, sprains, fractures, and other injuries.
- 3. Personal Responsibility:** I acknowledge that I am solely responsible for my own health and safety during the Course. I agree to exercise caution and sound judgment when performing any exercises or activities as instructed by the Instructor. I recognize that the information provided in the Course serves as general guidelines and is not a personalized exercise prescription. I should consult with my physician before beginning any new exercise program or, if needed, schedule a one-on-one session with a physical therapist for personalized guidance.
- 4. Video/audio Recording Consent:** I consent to being recorded during the Aging Gracefully course sessions. I understand that these recordings will be made available to participants for future reference via a private YouTube channel. My likeness and participation may be captured in these recordings, and I grant permission for their use for educational purposes related to the Course. If I do not wish to be recorded, I understand that I have the option to inform the Instructor and refrain from participating in recorded sessions.
- 5. Fitness Assessment (Week 2-3):** I consent to undergo fitness assessments as part of the Course curriculum, which may include measurements such as VO2 max, cognitive health, muscle mass (additional cost), strength, and stability. I understand that these assessments are intended to establish baseline fitness levels and identify areas for potential improvement.
- 6. Guidance on Individualized Training:** I understand that while the Instructor may offer general guidance on creating a personalized list of activities and exercises based on my goals and abilities, it is my responsibility to adapt these exercises to my individual needs and circumstances.
- 7. Ongoing Monitoring:** I consent to ongoing monitoring and progress tracking as part of the Course. This may include regular check-ins, assessments, and feedback sessions to evaluate my progress and make necessary adjustments to my training plan.
- 8. Release of Liability:** I hereby release and discharge GL Rehabilitation, Matt Pechacek, PT, DPT, and their respective employees, agents, and representatives from any and all liability, claims, demands, actions, or causes of action arising out of or related to my participation in the Course, including, but not limited to, personal injury or property damage.

By signing below, I acknowledge that I have read and understood the terms and conditions of this consent form. I agree to abide by these terms and to participate in the Course at my own risk.

Participant Signature: _____ **Date:** _____