

## **Dr. Drill Instructor Program Informed Consent**

I, (print name) \_\_\_\_\_, give my consent to participate in the Dr. Drill Instructor Program led by Dr. Aaron Oberst and staff. I do fully understand the specifics of the course, and recognize it is rigorous in nature.

### **Benefits**

Participation in a regular program of physical activity has been shown to produce positive changes in a person's overall health. These changes include increased cardiovascular capacity, as well as increased strength, flexibility, and endurance. Furthermore, exercise can influence a positive change upon one's body composition, and reduce risk of chronic disease. A "boot camp" style health and fitness approach has been increasing in popularity in recent years, due to its regimentation, structure, and personal accountability. The Dr. Drill Instructor Program is an authentic health and fitness boot camp that has been adapted from Dr. Oberst's collective experiences as a USMC Sergeant, squad leader, and chiropractic physician. The program combines a group fitness regimen and health education to motivate people to *"change before they have to."*

### **Risks**

Any exercise regimen has its inherent risks, but given the rigorous nature of the Dr. Drill Instructor Program there is a concomitant increase in risk. The program includes a boot camp regimen of exercise and stretches in the true USMC recruit training format. Therefore, while all exercises will be performed safely, and as fast as the slowest individual, the atmosphere is one that encourages the individual to test their fitness limits. Therefore, every applicant should carefully assess their individual health and fitness, and consult their primary care physician (PCP) before signing on as a recruit. I recognize that exercise is in effect, a stress, and that stress can be distributed throughout every organ and system of the body, including, but not limited to, the musculoskeletal (sprains, strains, fractures), and the cardiovascular (heart attack, stroke) system(s). This stress, if unchecked, may lead to a state of overtraining, illness, and in rare circumstances, death. I hereby certify that to the best of my knowledge, I have no medical condition (except those noted below) that would increase my risk of injury as a result of participation in the Dr. Drill Instructor Program. I understand that Dr. Aaron Oberst, Healthy Balance Chiropractic and Wellness Center, P.C., and the North Penn YMCA/LaCrest will take every measure to ensure the safety of participants in the Dr. Drill Instructor Program. However, I agree that I am engaging in this program with full knowledge of its rigorous nature, and I vow to not hold the above named persons/entities liable in the event of an injury or loss on my behalf. Furthermore, I do understand that there are no guarantees as to the degree to which the Dr. Drill Instructor Program may improve my health; what I put in, I will likely get out.

## **Testing and Evaluation Results**

I understand that Dr. Oberst and staff will perform a recruit screening in efforts to determine my current health and fitness status. The testing will include the following:

- Filling out a health inventory
- Vital signs: height, weight, blood pressure, pulse, and respiration measurements
- BMI, body composition analysis/circumferential measurements
- Strength, endurance, and flexibility tests

\*\*\*Beyond the above testing, Dr. Oberst will encourage the involvement of your family physician, and if necessary, other testing will be ordered to ensure the safety of your participation.

In closing, I understand that participation in the Dr. Drill Instructor program is a voluntary act and that I am encouraged to challenge myself fully, with out exceeding my physical and mental capacity. At any point throughout the program, should I become concerned about my ability to continue participation, I agree to immediately report this issue to Dr. Oberst or staff.

Name (please print): \_\_\_\_\_

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