

Waiver

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Informed Consent

I, _____, do hereby consent to participating in a personal fitness program consisting of, but not limited to strength, cardiovascular, stretching, and stability training exercise.

I hereby attest that I am in good health, that my statements on the previous pages are accurate to the best of my knowledge, and that my physical condition has been verified by a licensed physician. I fully understand the risks inherent in any fitness program and accept for myself, my heirs, and my personal representatives full responsibility for bodily injury, death or property losses which may occur as a result of my being a part of this program.

I am aware that I have the right to terminate participation in the program at any point that I see fit. In addition, if at any time I have questions about the policies or procedures regarding personal training I will immediately bring it to the attention of my trainer or the program supervisor.

I assume all risk of injury and all risk of damage or loss of property related to participation in this program.

I hereby indemnify and save a hold harmless **Your Fitness Facility and Your Name** from loss, liability, damage, or cost that I may incur due to my participation in this program. I have read and voluntarily signed the waiver and release from liability, and further agree that no oral representations, statements or inducements apart from foregoing written agreement have been made.

Consenting Signature:

Signature _____ Date _____

Trainer _____ Date _____

Guardian _____ Date _____

(If client is under 18)

Thank you again for your interest in personal fitness training. Once I receive this completed questionnaire, I will get back to you as soon as possible.