

## **INFORMED CONSENT**For Personal Training Sessions

Please read the following questions carefully and initial each corresponding line; then print, sign, and date the bottom.

1.	1. I do hereby forever waive, release, and dischar	I do hereby forever waive, release, and discharge the Personal Trainer from any and all claims or liabilities for		
	injuries or damages to my person and/ or property, including those caused by negligent act or omission of those			
	mentioned or others acting on their behalf, arising out of or any equipment at various sites, including home,			
	provided by and/or recommended by the Personal Trainer. Initial			
2.	I have been informed, understand, and am aware that exercise and the use of equipment are potentially			
	hazardous activities. I also have been informed, understand, and am aware that fitness activities involve a risk of			
	injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these			
	activities and using equipment and machinery with full knowledge, understanding, and appreciation of the			
	dangers involved. Initial			
3.	I do hereby further declare myself to be physically sound and suffering from no condition, impairment, or other			
	illness that would prevent my participation of use of equipment, machinery, and training services. I do hereby			
	acknowledge that I have been informed of the need for a physician's approval, for my participation in the			
	exercise activities, programs, and the use of equipment. It has been recommended that I have yearly of ore			
	frequent physical examinations and consultations with my physician as to physical activity, exercise, and use of			
	equipment. I acknowledge that I have either had a physical examination and have been given my physician's			
	permission to participate, or that I have decided	permission to participate, or that I have decided to participate in the exercise activities, programs, and use of		
	equipment without the approval of my physician and hereby assume all responsibility for my participation in			
	said activities, programs, and use of equipment. Initial			
4.	The Personal Trainer reserves the right to require a physician's approval for any individual who scores below			
	adequate score on the Physical Activity Readiness Questionnaire (PAR-Q) or reveals any other health related			
	concerns. The Personal Trainer also reserves the right to deny access to the weight training program to any			
	individuals who will not comply with our request of a consultation with a physician. Initial			
5.	5. I understand that the Personal Trainer's provis	I understand that the Personal Trainer's provision and maintenance of a fitness program for me does not		
	constitute and acknowledge, representation, or indication of my physical well-being, or medical opinion relating			
	thereto. Initial			
	Client and Personal Trainer acknowledge that this agreement constitutes their entire agreement and			
	understanding, and any changes must be done in writing and signed by both parties.			
	I READ AND UNDERSTAND THIS RELEASE.			
	Client Print Cli	ent Signature	 Date	
	Chefferine	chi dignacare	Date	
	Personal Trainer Print Pe	rsonal Trainer Signature	Date	