

# Personal Training Client Consent and Waiver Form

Please read this document carefully. By signing this form, you acknowledge that you understand the risks associated with physical training and agree to waive certain legal rights.

## 1. Client Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

## 2. Emergency Contact

Emergency Contact Name:

Relationship to Client:

Emergency Contact Phone:

## 3. Medical History & Clearance

Do you have any chronic medical conditions, injuries, or physical limitations? (If yes, please list):

Are you currently taking any prescription medications that may affect your ability to exercise? (If yes, please list):

Physician's Name (if clearance was required):

## 4. Waiver and Release of Liability

By signing below, I acknowledge that participating in physical fitness training, exercise programs, and using training equipment involves inherent risks of physical injury, illness, or death. I voluntarily agree to assume all risks associated with my participation.

I hereby release, waive, discharge, and covenant not to sue the personal trainer, the facility, their employees, agents, or representatives from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my participation in this personal training program.

I confirm that I am in good physical condition and do not suffer from any disability, impairment, or disease that would prevent me from participating in safe exercise. I understand that it is my responsibility to consult with a physician prior to commencing any exercise program.

## 5. Acknowledgment and Signatures

I have read this waiver of liability, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue.

Client Signature (Sign on printed line):

Client Printed Name:

Date:

Trainer Signature (Sign on printed line):

Trainer Printed Name:

Date: