Personal Training Waiver & Informed Consent

Training Services

I have engaged to provide personal training services, which may include fitness assessments, individual or small-group training sessions, program design, exercise demonstration and coaching, and general guidance on activity and nutrition (the "Training"). Training may take place at a gym or studio, outdoors, at my home or online.

Informed Consent to Fitness Assessment and Training

I understand that the Training may involve tests of strength, endurance, flexibility, balance and body composition, followed by a progressive exercise program. Exercise intensity will be adjusted to my level, but I understand that training will at times be physically demanding by design.

I understand the risks of the Training include muscle soreness, strains, sprains, joint and back injuries, injuries from equipment, falls, fainting, abnormal blood pressure or heart rhythm, and, in rare cases, heart attack, stroke or death. I understand that exercising outdoors or at home may add risks such as uneven surfaces, weather, traffic and household obstacles.

Health Screening

I have completed a health questionnaire truthfully. I will inform my trainer before each session of any changes in my health, including new injuries, illness, medication, pregnancy or symptoms such as chest pain, dizziness or shortness of breath. I understand that may require written medical clearance before starting or continuing my Training, and that it may adjust or pause my program for safety reasons.

Hands-On Coaching

I understand that my trainer may use touch to correct my position, spot me during lifts or assist with stretches. My trainer will explain the purpose of any physical contact. I may decline physical cueing at any time, and my trainer will use verbal or visual cues instead.

My Responsibilities

I agree to:

- tell my trainer immediately if anything feels painful or wrong during a session;
- perform exercises only within my comfort and ability, and say when I need a break;
- warm up, hydrate, and wear suitable clothing and shoes;
- follow my program as designed, and not exceed it without consulting my trainer; and
- take responsibility for exercise I do on my own outside supervised sessions.

Nutrition Disclaimer

Any guidance on diet, hydration or supplements provided by is general information to support healthy habits. It is not medical advice, a diagnosis or a treatment plan. My trainer is not a physician or, unless stated, a registered dietitian. I will consult a qualified health professional before making major dietary changes, especially if I have a medical condition, food allergy, eating disorder or am pregnant.

No Guarantee of Results

I understand that results depend on many factors, including my consistency, sleep, nutrition, genetics and health, and that does not guarantee any specific weight loss, strength gain or other outcome.

Release and Indemnification

I take part in the Training voluntarily and assume all risks associated with it. To the fullest extent permitted by law, I release , its trainers, employees and contractors, and the facility where Training takes place, from all claims for injury, illness, death or property damage arising from the Training, including claims based on ordinary negligence, but not gross negligence or willful misconduct. I agree to indemnify against claims arising from my failure to disclose health information or follow instructions.

Emergency Care

In a medical emergency, I authorize to give first aid and CPR, use an AED and call emergency services on my behalf, at my expense.

Session Policies

- Sessions cancelled with less than [24] hours' notice may be charged in full or deducted from my package.
- If I arrive late, the session will still end at its scheduled time.
- Session packages expire [__ months] after purchase and are non-transferable unless agrees otherwise.

General

This waiver applies to all Training with until I revoke it in writing. If any part is unenforceable, the rest remains in effect. It is governed by the laws of the state or country in which operates.

Please initial each statement

___ I have answered the health screening honestly and will report any changes before each session.

___ I understand the risks of fitness assessments and training and voluntarily accept them.

___ I understand nutrition guidance from {{business}} is general information, not medical advice.

___ I release {{business}} and its trainers from liability as described, to the extent permitted by law.

___ I agree to the session cancellation and package policies.

Participant full name

Date

Date of birth

Phone

Email

Emergency contact name & phone

Signature