



INFORMED CONSENT & LIABILITY WAIVER

I _____ understand that my participation in any of the exercise programmes, classes, events and/or related activity conducted by Personal Trainer _____ takes place at my own risk and is fully voluntary.

I understand that exercise can be physically stressful and, in certain instances, can result in injury or even cause death.

If I have diabetes, a heart condition, high blood pressure, an existing injury, have had recent surgery or am taking any prescribed medications that could affect my performance, I will inform the trainer prior to participating in any exercise.

I will perform any exercise at my own pace, based upon my cardio-respiratory (heart and lung) fitness, muscular strength and endurance. I understand fitness testing that is relevant to my goals may be provided. Any data from these tests/assessments will provide guidance on programming.

I hereby state that I will inform the trainer of any symptoms (e.g., fatigue, chest discomfort, shortness of breath, any pain/discomfort/concern for my safety/benefit) that I feel during my participation in exercise.

I understand that I will be given instructions on how to perform an exercise and use equipment and I will ask the trainer any questions if I do not understand any instructions. (Please tick if understood)

I have been given the opportunity to be instructed on how to perform an exercise and use equipment. I declined because:

_____, Personal Trainer, will not be held liable for any injuries or damage to the undersigned that arise from participation or use of facilities.

It is agreed that _____, Personal Trainer, will not be held responsible or liable to the undersigned for articles lost or stolen while using the facilities.

I acknowledge that I have read this document in its entirety and I understand all of the above. I acknowledge that I have had the opportunity to ask questions and receive answers.

Client's name:

Client's signature:

Date:

Trainer's name:

Trainer's signature:

Date:
