

Informed Consent Liability Waiver

I, _____ have agreed to participate in an exercise program. I waive any and all possibilities of personal damage that may result from participation in this exercise program now and in the future, and I accept full responsibility for participating in such an exercise program.

The possibility of certain changes does exist during exercise and fitness evaluations. Some of the changes include: abnormal breathing, abnormal blood pressure, fainting, irregular heart beats, and a very rare instance of heart attack.

Every effort will be made to minimize problems that may arise. I hereby acknowledge these risks. To my knowledge, I do not have any limiting factors, physical conditions or disabilities that would preclude an exercise program or fitness evaluation.

I have been informed that a Physician's approval has been suggested and recommended prior to participating in the exercise program or fitness evaluation. I understand the strenuous nature of this program and or fitness evaluation process.

I accept full responsibility for my health and well being in the voluntary exercise and fitness program. I fully understand that the Strength Coach, Administrators, the Facility, and the Owners assume no responsibility.

Fitness Physiology is staffed by experienced strength and conditioning coaches, certified by the National Strength & Conditioning Association, the most rigorous certifying body in the fitness industry. However, I _____ understand that no one can predict every possible problem which may arise as a result of strenuous exercise, and accept all risks, or grant permission for our son or daughter to participate in the program.

Please participant's name _____

Signature of Participant Date

Signature of Parent/Guardian (if under 18) Date

Address

Phone #

Email

Fitness Physiology

Health Lectures | Wellness Programming | Personal Training



Outdoor Fitness Boot Camp

1. All sessions and programs must be paid for in advance. Package offers must be purchased in advance in order to receive the discounted rate. The payment plan will be agreed upon before training begins.
2. Training will begin promptly at the time specified by the client and trainer. Upon late arrival the session will be completed to the end of the scheduled time.
3. The client understands that the fitness boot camp and similar training concepts are rigorous and can be dangerous to even the healthiest individuals. Client assumes all responsibility for injuries sustained, and recognizes the possibility of heart attack and/or death, and holds Fitness Physiology and its employers and trainers harmless.
4. All sales are non-refundable. The client will forfeit any sessions not used by the last appointment on the last date of the series.
5. Individualized fitness programs will be designed with you in mind. There is always the chance, however, that your abilities may not be within assumed standards. Please tell Fitness Physiology about any limitations, physical or otherwise, that you may have.

I have read the above policies and procedures. Any questions pertaining to the agreement have been answered to my satisfaction. I understand and agree to the above-mentioned terms.

Client's signature

Client's name

Email Address

Date