



Wanda McCormick
DBA as Perfect Fit Personal Training

Full Disclosure of Physical Conditions, Informed Consent, Assumption of Risk and Release of Liabilities

This “Full Disclosure of Physical Conditions/Informed Consent and Assumption of Risk and Release of Liability” is executed this _____ day of _____, 20____.

The Client certifies that she/he is physically sound and suffering from no condition, impairment, disease, infirmity, or illness that would prevent her/his participation in the testing or personal training program.

The Client expressly assumes all responsibility for the client’s participation in the personal training program.

THE CLIENT CERTIFIES THAT THE CLIENT HAS GIVEN FULL AND COMPLETE DISCLOSURE ON HEALTH HISTORY QUESTIONNAIRE OF ALL PHYSICAL CONDITIONS, IMPAIRMENTS, DISEASES, INFIRMITIES OR ILLNESSES THAT MIGHT AFFECT OR PREVENT THE CLIENTS PARTICIPATION IN THE PERSONAL TRAINING PROGRAM. THE CLIENT REPRESENTS THAT SHE/HE HAS NO CONGENITAL, PHYSICAL, OR MENTAL HEALTH PROBLEMS, NO UNDERLYING CARDIOVASCULAR, NEUROLOGICAL, OR ANY ILLNESS, OR CONDITION WHICH MIGHT AFFECT OR PREVENT THE CLIENTS PARTICIPATION IN THE PERSONAL TRAINING PROGRAM.

Client certifies that the Client voluntarily agrees to participate in the personal training program including but not limited to the activities of training; exercise; aerobics and aerobic conditioning and training;

*weight training; circuit training; cardiovascular exercise and training; use of machinery, training equipment, free weights, circuit machinery and cardiovascular machines; stretching; weight lifting, testing, including but not limited to testing of the cardiovascular system, heart rate, muscle strength, endurance, and flexibility and any other training activities, techniques and/or exercises. The Client further agrees to follow all rules set forth by **Perfect Fit Personal Training**.*

*In consideration of the privilege of participating in the personal training program and the training services provided by **Perfect Fit Personal Training**, the Client for herself/himself, her/his heirs, assigns, administrators, executors, and/or all members of his/her family, including minors, waives, releases, holds harmless and forever discharges **Perfect Fit Personal Training**, its successors in interest, assigns, servants, agents, employees, associates, officers, directors, officials and any other participants in the personal training program from any and all responsibility, liability, claims and demands of any kind and nature, damages, actions, causes of action of any kind, whether now known or unknown, or which the Client may have now, or which may hereafter accrue to the Client (collectively, the "Claims"), including but not limited to Claims based upon or related to dizziness; strains and/or sprains; fractures of any kind; syncope (fainting); arrhythmia (alteration in heart rhythm); dyspnea (shortness of breath); angina pectoris (chest pain); tachycardia (rapid resting heart rate over 100 beats per minute); myocardial infarction (heart attack); cerebrovascular accident (stroke); dysrhythmia (abnormal rhythm of brain waves or heart rhythm) and/or any other physical injury, due to any cause whatsoever, including the act or omission, negligence or any other fault of **Perfect Fit Personal Training**, its successors in interest, assigns, servants, agents, employees, associates, officers, directors, officials and any other participants in the personal training program.*

PRINTED NAME

SIGNATURE

DATE