



The True Way To Health & Fitness

Troy Brown
Personal Trainer

Tru2Fitness.com

Personal Training Waiver & Release Form

I, _____, acknowledge that a Personal Training Program is designed to improve my personal fitness by providing personalized and individualized attention by a qualified Personal Trainer. I understand that there may be health risks associated with activities using physical exertion in a personal training program. The health risks include, but are not limited to, transient dizziness, fainting, nausea, muscle cramping, musculoskeletal injury, sprains, and strains, heart attack, stroke or sudden death. If I experience any of these or any other symptoms while exercising, I will discontinue the activity, notify the Personal Trainer, and consult my Physician.

_____ Prior to beginning a personal training program, you may be required to complete a Personal Training Health Questionnaire. The completion of the Personal Training Health Questionnaire will not result in any type of diagnosis of disease and is not intended as a substitute for consultation with your Physician. The form is intended to identify any potential health risks that may require you to receive your Physician's consent before participation. If after completing the Personal Training Questionnaire you have been identified as someone who possesses certain risk factors, a signed Physician's Clearance Form will be required before you participate in the Personal Training Program. The Personal Trainers are not medically trained, so no medical advice will be administered from a Personal Trainer before, during or after training sessions.

_____ I certify that I am capable of performing physical exercise and acknowledge that I am voluntarily participating in Personal Training. I am participating in the Personal Training Program with knowledge of dangers involved. I understand that I will be fully responsible for complying with any restrictions prescribed for me by my Physician and that I agree to consult my Physician for further evaluation and such medical care as I require.

_____ **I acknowledge that my participation in the personal training program is at my sole risk. You are advised to consult with your Physician before participation in the training sessions.** If any client refuses to consult their Physician before participating in any exercise



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program, they must sign a Release of Liability Form and sign a Refusal of Medical Consultation Form. If recommended by your Physician, you should consult with him/her on a regular basis. The Personal Trainer will not be responsible for monitoring your compliance with your Physician's recommendations. Even consultation with your regular Physician is in no way a guarantee against the possibility of adverse occurrences during the training sessions.

_____ In consideration for my voluntary participation in the Personal Training Program, I, my family, heirs, executors, representatives, administrators and assigns do hereby waive, release, and forever discharge the company known as Tru2Fitness, and their respective managers, employees, and agents: and my Personal Trainer, from any and all responsibilities, liabilities and lawsuits, present, or future, and causes of action for ordinary negligence, whether foreseeable or unforeseeable, arising out of or related in any manner directly or indirectly, to my use of or access to the Tru2Fitness Services/Programs and to such claims that may result from any injury, illness, or death, accidental or otherwise, during or arising in any way from my participation in any exercise or recreation activity or fitness testing associated with the Personal Training Program. I hereby agree to expressly assume and accept sole responsibility for the risk of injury or death so long as they are not the result of gross negligence by the company known as Tru2Fitness and/or my Personal Trainer.

I certify that I have read the above Personal Training Wavier and Release of Liability and have had any questions answered to my satisfaction.

Client: _____ Date: _____

Personal Trainer: _____ Date: _____