



The True Way To Health & Fitness

Troy Brown
Personal Trainer

Tru2Fitness.com

Refusal of Medical Consultation

I certify that I do not wish to consult with my physician before I participate in a fitness assessment, personal training, group exercise class, or any other program/services offered through the company known as Tru2Fitness.

My last physical examination was _____, and to the best of my knowledge, I am healthy, and able to participate in all programs and services provided by Tru2Fitness voluntarily.

I have also signed the Agreement and Release of Liability Form.

Print Name: _____

Signature: _____

Date: _____