

# Personal Training Health Waiver Statement

Please read the following waiver carefully and acknowledge your understanding and agreement by signing at the bottom of this page.

## Participant Information

**Full Name**

**Date of Birth**

**Email Address**

**Phone Number**

## Health Waiver and Release of Liability

I understand that by participating in personal training, exercise, and fitness activities, there is a risk of injury or adverse event. I acknowledge that I am voluntarily participating in these activities and assume all risks associated with participation.

I certify that I am physically capable of participating in such activities and have consulted with a physician about any medical conditions that may affect my ability to participate. I agree to disclose any relevant medical or health conditions to my trainer.

I release and discharge the personal trainer, facility, and any staff from any and all claims, liabilities, or causes of action that may result from my participation in training sessions.

By signing below, I confirm that I have read, understood, and agree to the terms of this Health Waiver and Release of Liability.

**Participant Signature**

**Date**

**Emergency Contact Name**

**Emergency Contact Phone**

