

Personal Training Services Liability Release

I, the undersigned, acknowledge that I have voluntarily chosen to participate in personal training services provided by the trainer. I recognize that personal training programs require physical exertion and may involve activities that could result in injury, illness, or in extreme cases, death.

Assumption of Risk

I understand and fully accept all risks associated with my participation, including but not limited to muscle strains, sprains, or other injuries that may result from exercise or equipment use. I represent that I am physically able to participate and have disclosed any relevant health conditions to the trainer.

Waiver and Release

In consideration for being allowed to take part in personal training, I hereby waive, release, and discharge the trainer, facility, and all affiliated personnel from any and all claims or liabilities for injuries or damages that may arise from my participation, except those arising from gross negligence or willful misconduct.

Medical Authorization

I agree to consult with my physician before beginning this or any exercise program. In the event of an emergency, I authorize the trainer to seek medical attention for me.

Participant Acknowledgement

- I have read and understand the above information.
- I am aware of the risks involved and voluntarily agree to participate.
- I acknowledge that this release is binding upon me, my heirs, and assigns.

Participant Signature

Trainer Signature

Date