

PERSONAL TRAINING WAIVER

Business Name: _____

Date: _____

Waiver and consent form for personal training clients covering fitness assessment, program risks, injury history, and trainer liability.

** Required fields*

Client Full Name *

Email *

Phone Number *

Date of Birth *

Emergency Contact Name *

Emergency Contact Phone *

Trainer Name *

Training goals *

Options: Weight loss / Muscle gain / General fitness / Sport-specific / Rehabilitation / Flexibility/mobility / Other

Current fitness level *

Options: Sedentary (no regular exercise) / Lightly active (1-2 days/week) / Moderately active (3-4 days/week) / Very active (5+ days/week)

Previous injuries or surgeries

Current medications

Medical conditions

Heart disease, diabetes, joint issues, back problems...

Are you pregnant? *

Options: Yes / No / N/A

Has a physician cleared you for exercise? *

Options: Yes / No / Not asked

- I understand the risks of personal training *
- I will communicate any pain or discomfort during training *
- I release the trainer from liability for exercise-related injury *

Client Signature *

Sign here

Date: _____

CONSENT / WAIVER

I consent to participate in personal training sessions with the trainer named above. I understand that: (1) Personal training involves physical exertion and carries risks of injury; (2) The trainer will design a program based on my stated fitness level, goals, and medical history; (3) I am responsible for communicating any pain, discomfort, or limitations during sessions; (4) The trainer is not a medical professional and training is not a substitute for medical advice; (5) I should consult a physician before beginning any exercise program. I assume all risks associated with personal training and release the trainer, gym, and their affiliates from liability for injuries arising from my participation.

Client Signature: _____

Date: _____

Print Name: _____