Personal Training Liability Waiver

Name: _____

Date of Birth: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number: _____

Emergency Contact (Name, Relationship, Phone): _____

Training Facility Name: _____

Training Facility Address: _____

Physical limitations aggravated by exercise? _____

If yes, please explain: _____

It is my responsibility to inform my trainer of any physical limitations before beginning a training program. I represent that I am in good physical health and understand I should consult a physician prior to participation. I agree to follow all instructions during training. I hereby WAIVE AND RELEASE the Training Facility, its owners, employees, and instructors from any liability for injuries or damages resulting from participation in training activities. I understand I assume full responsibility for all risks associated with training. I confirm that I have read and fully understand this waiver and agree voluntarily to its terms.

Print Name: _____

Signature: _____

Date Signed: ____ / ____ / _____

If participant is under 18:

Guardian Print Name: _____

Guardian Signature: _____

Date Signed: ____ / ____ / _____