

MichaelJLifePurpose

CLIENT CONSENT FORM, LIABILITY WAIVER & HEALTH QUESTIONNAIRE

Personal Training & Group Fitness Classes

Gym / Trainer Name: _____

Client Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

1. Health Questionnaire

Please answer the following questions honestly. Tick **YES** or **NO**.

1. Has your doctor ever advised you not to participate in physical exercise?
 Yes No
2. Do you have any heart conditions or cardiovascular issues?
 Yes No
3. Do you experience chest pain during physical activity?
 Yes No
4. Do you have high or low blood pressure?
 Yes No
5. Do you experience dizziness, fainting, or loss of balance?
 Yes No
6. Do you have any joint or muscle injuries (e.g., knees, shoulders, back)?
 Yes No
If yes, please describe: _____
7. Have you had surgery in the last 12 months?
 Yes No
Details: _____
8. Do you have any chronic medical conditions (e.g., asthma, diabetes, arthritis)?
 Yes No
Details: _____
9. Are you currently pregnant or recently postpartum?
 Yes No

10. Are you currently taking medications that may affect physical activity?

Yes No

Details: _____

Please list any other health concerns the trainer should be aware of:

2. Exercise Readiness Declaration

I confirm that the information provided above is accurate to the best of my knowledge. I understand that if I have any medical concerns, I should seek medical advice before participating in physical exercise.

I agree to inform the trainer immediately if my health condition changes or if I experience pain, discomfort, dizziness, or shortness of breath during training.

3. Assumption of Risk

I understand that participating in personal training sessions and group fitness classes involves physical exertion and carries a risk of injury, including but not limited to muscle strain, joint injury, falls, or other physical harm.

I voluntarily choose to participate in these activities and accept the inherent risks involved.

4. Personal Responsibility

I agree to follow the trainer's instructions, exercise within my own limits, and inform the trainer if I feel unwell or unable to continue any activity.

I understand that results from training programs may vary and are not guaranteed.

5. Liability Waiver

I hereby release and hold harmless the trainer, gym facility, employees, and affiliates from any claims, liabilities, damages, or injuries that may occur as a result of my participation in personal training sessions or group fitness classes, except in cases of gross negligence.

6. Group Training Acknowledgment

I understand that during group training sessions the trainer's attention may be shared among multiple participants, and I accept responsibility for exercising safely and within my own limits.

7. Photography & Media

I consent / do not consent (circle one) to photographs or videos being taken during sessions for promotional or educational purposes.

8. Cancellation Policy

Clients must provide at least 24 hours notice to cancel or reschedule a session. Late cancellations or missed sessions may be subject to a fee.

9. Client Agreement

By signing below, I confirm that:

- I have read and understood this document
- I voluntarily agree to participate in personal training and/or group fitness sessions
- I accept the risks associated with exercise

Client Signature: _____

Date: _____

Trainer Signature: _____

Date: _____