

# Personal Trainer Client Waiver

**Client Full Name**

**Date of Birth**

**Email Address**

**Phone Number**

## Waiver & Release of Liability

I understand that personal training and fitness activities involve physical exertion and may carry a risk of injury. I acknowledge that I am voluntarily participating in these activities. I agree to release and discharge the trainer from any claims or causes of action arising from my participation. I certify that I am physically fit and have notified the trainer of any medical conditions that may affect my ability to participate.

**Medical Conditions or Injuries (if any)**

**Emergency Contact Name**

**Emergency Contact Phone**

**Client Signature**

**Date**

**Trainer Signature**

**Date**

