

Release of Liability Form

Personal Training Sessions

Participant Name:

Date of Birth:

Address:

Phone Number:

Email:

Assumption of Risk

I acknowledge that participation in personal training sessions involves inherent risks, including but not limited to physical injury, and I voluntarily assume all such risks associated with these activities.

Release of Liability

In consideration of being allowed to participate in personal training sessions, I hereby release and hold harmless the trainer, facility, affiliates, agents, and employees from any and all claims, liabilities, damages, or causes of action arising out of or related to my participation.

Medical Clearance

I confirm that I have consulted with a physician, or choose to participate without such consultation, and am physically able to participate in personal training sessions.

☐ I have read, understood, and agree to the terms above.

Participant Signature:

Date:

