

Fitness Training Consent Form

Please complete the following information:

Full Name

Date of Birth

Email

Phone Number

Medical Information

Please list any medical conditions, injuries, or medications:

Emergency Contact Name

Emergency Contact Phone

Consent & Acknowledgement

I understand that fitness training involves physical activity and the risk of injury.

I have disclosed all relevant health information.

I agree to follow the trainer's instructions and stop if I feel unwell or experience pain.

I release the trainer from liability for any injury sustained during training, except in case of negligence.

Additional Comments or Information:

Signature

Date

By signing above, you confirm that you have read, understood, and agree to the statements in this consent form.