

# Personal Trainer Client Waiver

## Client Information

Name

Date of Birth

Email

Phone Number

## Medical History

Please list any medical conditions/injuries:

Current medications (if any):

## Waiver & Release

I acknowledge that participation in personal training, exercise and fitness activities involves inherent risks and hazards, including the risk of injury. I understand and voluntarily accept all risk and responsibility for any loss, injury, or accident that may occur.

I hereby release and discharge the personal trainer and facility from all claims or causes of action arising out of my participation.

Type your initials to acknowledge:

Signature

Date