

Fitness Personal Trainer Client Waiver Form

Personal Information

Full Name

Date of Birth

Phone Number

Email Address

Address

Emergency Contact

Name

Phone Number

Relationship

Medical Information

Please list any medical conditions, allergies, or injuries

Current medications

Waiver & Release of Liability

I acknowledge that I am voluntarily participating in fitness training with the personal trainer. I understand that

physical exercise involves risk of injury, and I assume all such risks. I agree to release and discharge the trainer from any and all claims or causes of action.



I have read and agree to the waiver & release of liability.

Signature

Signature

Date