

**Personal Training  
Waiver and Release of Liability and Assumption of Risk**

**Acknowledgment of Purchase**

I, \_\_\_\_\_, through the purchase of training sessions, have agreed to participate voluntarily in a program of physical exercise, including, but not limited to, strength training, flexibility development, and aerobic exercise (“Activities”), under the guidance of \_\_\_\_\_, Family Wellness Center, its authorized agents, employees, and contractors (“Trainer”).

**Initials** \_\_\_\_\_

**Acknowledgment of Health**

I declare myself physically and mentally sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation in training sessions or my use of equipment. I acknowledge I have been informed of the need for a physician’s approval for my participation in an exercise/fitness activity or in the use of equipment. I recognize it is my sole responsibility to obtain an examination by a physician prior to involvement in any exercise program. I acknowledge I have either had a physical examination and been given my physician’s permission to participate, or if I have chosen not to obtain a physician’s permission prior to beginning this exercise program with my trainer, I acknowledge I am doing so at my own risk.

**Initials** \_\_\_\_\_

**Assumption of Risk**

I understand and am aware that activities, including the use of equipment, are potentially hazardous activities. I acknowledge the possibility that injuries and physical and mental changes arising during and/or resulting from engaging in activities does exist. I am voluntarily participating in activities and using equipment with knowledge of the dangers involved. I understand and take sole responsibility for any and all injuries and changes that may occur to myself and/or others, related to any and all activities associated with my trainer’s instruction, even if not specifically set forth in.

**Initials** \_\_\_\_\_

**Waiver and Release of Liability**

In consideration of my trainer’s agreement to instruct, assist, and train me, I hereby agree to hold harmless the Family Wellness Center and my trainer, its respective representatives, and executors, agents, from any and all claims, demands, damages, rights of action or causes of action, present or future, arising out of or connected to my participation in any and all activities, use of equipment, or any and all acts or omissions, including negligence by my trainer and its representatives. This waiver and release of liability includes, but is not limited to, (a) Injuries and changes to myself and/or others, including but not limited to Trainer, that may occur as a result of (i) equipment that may malfunction or break; (ii) any and all defects, latent or apparent, in the design or condition of equipment; (iii) any and all slips, falls, or dropping of equipment; (iv) any and all improper maintenance of equipment or facilities; (v) any hazardous condition that may exist on the premises, including, but not limited to, the specific workout area; and (vi) Trainer’s negligent instruction or supervision; (b) damage to property, including but not limited to, equipment and the premises.

**Initials** \_\_\_\_\_

**Conclusion**

I acknowledge and agree no warranties or representations have been made to me regarding the results I will achieve from this program. I understand results are individual and may vary. I acknowledge I have thoroughly read this waiver and release and fully understand it is a waiver and release of liability. By signing this document, I am waiving any right I, or my heirs and/or assigns, may have to bring any and all legal actions or assert any and all claims against trainer, its respective representatives, executors, and/or assigns. I represent and warrant I am signing this agreement freely and willfully and not under fraud or duress. I further represent and warrant no social relationship exists between trainer and me, or if such a social relationship exists, for purposes of my training sessions, my trainer and I have assumed a strict business relationship, and I understand any social relationship does not render this waiver invalid. These exculpatory clauses are intended to apply to any and all activities occurring during the time for which I have contracted with trainer within the Family Wellness Center.

**Initials** \_\_\_\_\_

**Signature of client/individual:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Client/Trainer Agreement

By signing this agreement, I am agreeing to the following terms of Family Wellness:

- Full Payment is required prior to each session used. Clients will be required to have a card on file to enable Family Wellness to charge your account if session is not paid beforehand.
- Discounted prices are applicable only if I pay for multiple sessions in full prior to my first appointment using those multiple sessions\*. I will be charged for a canceled appointment unless I notify Family Wellness of cancellation at least 24 hours prior to the scheduled time. If I am late for my appointment, I agree that the lost time will be forfeited, but I will be charged for that session.
- I understand that Family Wellness will try to accommodate preferences for certain appointment times and specific trainer requests, but cannot guarantee availability due to other appointments, scheduling conflicts, and other factors.
- I understand that the staff and/or instructor will not be held responsible for any injuries, illnesses, or expenses from my participation, especially if I have neglected to disclose known medical condition or similar information about myself that might affect my ability to participate.
- In signing below, I agree to the above conditions as well as other policies of the facility. I also acknowledge that I have received and understand the Consent and Release form from Family Wellness.
- If client is a “no show,” after 15 minutes without 24 hour prior verbal or written notice the client will be charged for that session.
- Trainers and clients are expected to confirm meeting times so there is no misunderstanding.
- Personal training sessions expire one year from date of purchase.
- It is the client’s responsibility to immediately report any injury incurred while participating in the Family Wellness Center.

Participant’s Name \_\_\_\_\_ Date: \_\_\_\_\_  
*please print clearly*

Participant’s Signature \_\_\_\_\_ Date: \_\_\_\_\_

Trainer Name \_\_\_\_\_ Date: \_\_\_\_\_  
*please print clearly*

Trainer Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Health History & Lifestyle Questionnaire

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Goal Weight: \_\_\_\_\_

BMI: \_\_\_\_\_

## Medical & Physical History

Asthma/Exercise-Induced Asthma	
Allergies/Allergic Reactions	
Arthritis/Rheumatism	
Aching Joints	
Back Pain	
Broken Bones/Replacements	
Cancer	
Diabetes	
Depression	
Difficulty Handling Stress	
Digestive System Complaints	
Eating Disorder	
Epilepsy/Seizures	
Fatigue/Lack of Energy	
Fibromyalgia/Osteoporosis	
Gastric Pain/Ulcers	
Heart Murmur	
Heart Disease/Family History	
Frequent Headaches	
Hernia	
Heartburn/Indigestion	
High Blood Pressure	
High Cholesterol	
Irregular Heart Beat/Arrhythmia	
Lack of Motivation/Drive	
Migraines	
Muscle Cramps/Aches	
Overweight or Family History	
PMS/Difficult Cycle	
Pre/Post Menopause	
Stroke	
Other	

Do you smoke? \_\_\_\_\_

Past Injuries/Surgeries:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Blood Pressure Medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Medications:

\_\_\_\_\_

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Other factors that may affect performance:

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**What are your goals? Short term/Long Term?**

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**What is your occupation? Does it require long periods of sitting, standing, or repetitive movement?**

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**What hobbies or recreational activities do you enjoy? (golfing, swimming, sewing, etc.)**

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**What type of structured exercise, classes, or programs have you done in the past?**

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**How much water do you drink per day? \_\_\_\_\_**

**What does your daily meal intake look like?**

Breakfast: \_\_\_\_\_

Lunch: \_\_\_\_\_

Dinner: \_\_\_\_\_

Snacks: \_\_\_\_\_

**Do you take any preworkout or supplements?**

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