



Personal Training Consent Form

I, _____, give my consent to participate in the physical fitness evaluation program conducted by my trainer.

BENEFITS

Participation in regular physical activity has been shown to produce many benefits, both physically and mentally. These benefits include increased cardiovascular efficiency, increased muscle strength, flexibility, power and endurance as well as decreased stress levels and better results at work.

RISKS

I recognise that exercise can cause some injuries to the musculoskeletal system (sprains, strains, etc.), and the cardiorespiratory system (dizziness, discomfort in breathing and heat stroke, etc.).

I hereby certify that I know of no medical problem, past or present (except those mentioned on the health history questionnaire), that would increase my risk of illness and injury as a result of participation in a regular exercise program.

TESTING AND EVALUATION RESULTS

I understand that I will undergo initial testing to determine my current level of fitness. I further understand that such screening is intended to provide my trainer with essential information used in the development of my individual fitness program.

I also understand that the testing is not intended to replace any other medical test or the services of a doctor.

I agree to inform my trainer if my details or medical conditions change during my time with my trainer. I understand that not providing my trainer with this information can be detrimental to my health and safety.

By signing this consent form I understand that I am personally responsible for my actions and that I waive my trainer of any responsibility should I incur any injury as a result of my negligence.

Signed: _____ Date: ____ / ____ / ____

Witness: _____ Date: ____ / ____ / ____

