



FITNESS & TRAINING

Personal Training Liability Waiver

Name: _____ Date of Birth: _____

Email: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Primary Phone Number: _____

Name, Relationship, & Phone of Emergency Contact:

Do you have any physical limitations that could be aggravated by exercise (e.g., back, neck, shoulder, or knee problems)? If so, please explain:

It is my responsibility to inform my trainer of any physical limitations before beginning a training program. I represent and warrant that I am in good physical health and do not suffer from any medical condition that would limit my participation in training offered at Unique Abilities Fitness & Training. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in any personal training, fitness training, or group training. I understand the risks associated with the activities offered by Unique Abilities Fitness & Training and I agree to follow all instructions so that I may safely participate in training, workshops, or other activities.

I hereby WAIVE AND RELEASE of Unique Abilities Fitness & Training, its owners, officers, employees, and instructors from any claim, demand, or cause of action of any kind resulting from or related to my participation in the programs offered at the facility. In taking part in personal training, fitness training, or group training with Unique Abilities Fitness & Training, I understand and acknowledge that I am fully responsible for any and all risks, injuries, or damages, known or unknown, which might occur as a result of my participation in personal training, fitness training, or group training.

I have read the above release and waiver of liability and fully understand its content. I am legally competent to sign and voluntarily agree to the terms and conditions stated above.

Print name: _____

Signature: _____

Date Signed: ____/____/____

If participant is under 18 or is conserved:

As Parent or Legal Guardian of _____, I consent to the above terms and conditions.

Print name: _____

Signature: _____

Date Signed: ____/____/____