Personal Trainer Liability Waiver

PERSONAL TRAINER LIABILITY WAIVER

By signing this waiver... I acknowledge that I have voluntarily chosen to participate in personal training sessions at the clinic/personal training center with the guidance of qualified trainers. I understand that physical exercise, including strength training, cardiovascular exercise, and flexibility training, carries inherent risks, such as muscle strain, sprains, fractures, and cardiovascular complications. All these risks and potential problems have been discussed with me.

I acknowledge that the trainers and staff are not liable for any injuries or damages that may occur during or as a result of personal training sessions. I understand that it is my responsibility to disclose any pre-existing medical conditions, injuries, or limitations to my trainer before beginning any exercise program. Failure to disclose such information may increase the risk of injury.

I agree to follow the instructions and recommendations provided by my trainer during personal training sessions. I understand that failure to do so may increase the risk of injury and I release the trainers and staff from any liability resulting from such actions.

I understand that results from personal training sessions may vary and depend on various factors, including my commitment, consistency, and adherence to the program. I also understand that the trainers and staff make no guarantees regarding the outcomes of personal training sessions.

I agree to indemnify and hold harmless the clinic/personal training center, its trainers, and staff from any claims, liabilities, damages, or expenses, including legal fees, arising from my participation in personal training sessions.

Client's signature

Client's full name: _____ **Date signed:** _____ dd / mm / yyyy

This agreement is entered into on this day: dd / mm / yyyy

Trainer's name: _____ **Client's name:** _____

The Client acknowledges that the fitness program offered by the Trainer includes strenuous physical activity, including but not limited to weightlifting, aerobic exercise, and flexibility training. The Client fully understands and agrees that there are risks and potential hazards involved in participating in physical exercise and training.

The Client knowingly and voluntarily assumes all risks associated with participating in the training program, including but not limited to risk of injury, accidents, or other physical or emotional harm.

The Client hereby releases, waives, discharges, and covenants not to sue the Trainer, its employees, agents, or representatives from any liability, claims, demands, actions, or rights of action arising from or related to any loss, damage, or injury, including death, that may be sustained by the Client during or as a result of the training program.

The Client agrees to indemnify and hold harmless the Trainer from all claims, actions, losses, damages, liabilities, costs, and expenses, including attorney fees, arising out of or related to the Client's participation in the training program.

The Client represents that they are physically fit and have obtained medical clearance from a healthcare provider to participate in the training program. Any known medical conditions, limitations, or restrictions have been disclosed to the Trainer.

The Client agrees to follow the Trainer's instructions, use equipment properly, and act in a manner that is respectful and safe for themselves, the Trainer, and other participants.

In a medical emergency, the Client grants permission to the Trainer to administer first aid or seek medical treatment as deemed necessary.

This Agreement constitutes the entire agreement between the parties and supersedes all prior discussions, agreements, or understandings.

This Agreement shall be governed by and construed in accordance with the laws of:

Trainer Printed name: _____

Trainer Signature

Trainer Date signed: _____ dd / mm / yyyy **Client Printed name:** _____

Client Signature

Client Date signed: _____ dd / mm / yyyy

Client's parent/guardian (if client is a minor) Printed name:

Client's parent/guardian (if client is a minor) Signature

Client's parent/guardian (if client is a minor) Date signed: dd / mm / yyyy