

LIFE PERSONAL FITNESS

CLIENT ACKNOWLEDGEMENT AND INDEMNITY

I, _____ voluntarily choose to participate in a personal training program that will include weight training and/or cardiovascular exercise.

I understand that physical exercise, including the use of all equipment, is a potentially hazardous activity. I understand that fitness activities involve a risk of injury and even death, and that I am voluntarily participating in the activities and using equipment and machinery with knowledge of the dangers involved.

I have been informed that to minimise the risk of injury, I should obtain medical approval before participating in any exercise and training program or using any equipment on the premises. I acknowledge that I have either had a physical examination and been given my medical practitioner's permission to participate, or that I have decided to participate in activity and the use of equipment and machinery without the approval of my medical practitioner and assume all responsibility for my participation and activities, and use of equipment and machinery in my activities

I agree that any information, instruction or advice obtained from Life Personal Fitness is not a substitute for medical treatment or advice.

I am aware that I may discontinue participation in the program at any time that I see fit to do so. I agree that if at any time I experience dizziness, discomfort or pain of any type I will stop exercising immediately and consult a medical practitioner.

I declare that I am physically fit and that I do not suffer from any condition, impairment, disease, infirmity, or other illness that would prevent my participation in the fitness training or use of equipment or machinery.

I assume all risks associated with the exercise and workout programs and for any physical injury or damage that may arise out of my participation in the training program or that may result from the use of the training equipment.

I indemnify and hold harmless Life Personal Fitness, its trainers, consultants, officers, agents and employees from and against all liability, including death, and for any claims, demands, actions, loss, and damage arising out of or in any way connected with my participation in the training program.

Signed _____ Dated _____