



Contract

Full Name: _____

Date of Birth: _____

Street Address: _____

City, State Zip Code: _____

Home Phone: _____

Cell Phone: _____

Business Phone: _____

Emergency Contact: _____

I hereby agree to accept and be legally bound by this Personal Training Contract. By checking this document, I attest, contract, acknowledge, and agree that I am legally bound by its content.

Release of Liability (Please Read Carefully) **Check if you agree.** _____

I have enrolled in a program of strenuous physical activity including, but not limited to walking, running, boxing, yoga, aqua aerobics, massage therapy, weightlifting, bicycling, in-line skating and the use of various conditioning and exercise equipment and facilities designed, offered, recommended, and /or supervised by Thunder Chick Fitness Training Inc. I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this program.

In consideration of my participation in the program, I for myself, my employee, heirs, assigns, agents, officers, directors, shareholders, and co-workers hereby release Thunder Chick Fitness; its employees, heirs, assigns, agents, officers, directors, and shareholders, from any and all claims, demands or causes of action arising from my participation in the program or from any use of the conditioning and exercise equipment and facilities.

I fully understand that I may suffer injury as a result of my participation in the program and I hereby release Thunder Chick Fitness Personal from any and all liability now or in the future, including but not limited to medical expenses, lost wage, pain and suffering, that may occur by reason of heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries, and any other illness, soreness, or injury, however

caused, whether occurring during or after my participating in the program or use of the condition and exercise equipment and facilities, regardless of fault.

I attest, contract, acknowledge, and agree that I am legally bound by its content.

Check if you agree. _____

Informed Consent for Thunder Chick Fitness Exercise Program

I understand that I am enrolling into an exercise program. The exercise intensity will change throughout the course of the evaluation. You may stop the test at any time because of signs of fatigue, changes in heart rate, and/or blood pressure. I understand that I may stop whenever I wish because of feelings of fatigue or any other discomfort.

Responsibilities of the participant:

I understand that the information I possess about my health status or previous experiences of unusual feelings with physical effort may affect the safety and value of my exercise program. I acknowledge that my prompt reporting of unusual feelings during training itself is extremely important and that I am responsible for full disclosing of such information whether requested by the trainer of Thunder Chick Fitness.

Freedom of Consent:

My permission to perform in this training exercise program is voluntary. I understand that I am free to stop the training program at any time if I desire. I consent to participate in the training exercise program by checking this document, I attest, contract, acknowledge, and agree that I am legally bound by its content. **Check if you agree.** _____

Client's Signature: _____ Date: _____

Trainer's Signature: _____ Date: _____