



## Free Flow Training, LLC (FFT)

### Personal and Small Group Training Liability Release Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday (mm/dd/yyyy): \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Activity Level: 1      2      3      4      5      6      7      8      9      10

Have you ever worked with a personal trainer or coach before? Circle:    YES    NO

Are you interested in Small Group Training or Personal Training? \_\_\_\_\_

In short, please list your current fitness goals or interest: \_\_\_\_\_

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#### Sporting and Athletic History

Please Provide a brief history of any sports you played: \_\_\_\_\_

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#### Medical History

Please provide a brief medical history: \_\_\_\_\_

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I, \_\_\_\_\_, hereby accept all risks associated with participating in personal/small group training from Free Flow Training, LLC (FFT). I release and forever discharge FFT and its owner from any and all responsibilities, damages or other liability resulting from or in any way related to my participation in any of the service components from FFT.

\_\_\_\_ I acknowledge that I am willingly choosing to participate in any activities that may potentially result in damage to personal property, serious injury, disability or death. further acknowledge that there may be other risks not easily foreseeable at this time. I hereby assume full responsibility for all the known and unknown risks and waive all claims of injury to my body or property.

\_\_\_\_ I acknowledge that FFT will offer the most effective programs known at the current time but, as individuals respond differently to the same program, cannot guarantee the safety or effectiveness of the program. Therefore, the products and services offered by FFT are done so without warranties or guarantees of any kind, express or implied.

\_\_\_\_ I understand that a physician's approval is recommended before starting any physical fitness program and I have obtained that approval or acknowledge the risks and state that I am in good physical condition.

\_\_\_\_ I understand that FFT requires 48 hour notice should I need to cancel an appointment and that I will be charged for that appointment if I cancel within 48 hours prior. I understand that I will NOT be charged in cases of emergency or illness. I understand that FFT recommends consistent participation for optimal results, and that appointments should be rescheduled as soon as practical and possible.

\_\_\_\_ I acknowledge that I am 18 years of age or older and I agree to all statements. I acknowledge that I have been given the opportunity to ask questions about the contents of this document. I understand the risks and benefits and agree to discharge, release, and hold harmless FFT and its owner from any and all liability for damage claims or losses resting from my participation with FFT. I sign this voluntarily and with full acknowledgement of its significance.

**Client's Printed Name:** \_\_\_\_\_

**Client's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_