

d.b.a.

Beyond Physical Fitness

[Personal Training Waiver of Liability and Informed Consent]

I _____, have enrolled in a program of strenuous physical activity including but not limited to aerobic dance, weight training, stationary bicycling, and the use of various aerobic-conditioning and strength building machinery offered by Beyond Physical Fitness, Inc. (BPF). 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 exercise program. I fully understand that I may injure myself as a result of my participation in the BPF exercise program. BPF is not now responsible for, nor in the future, including but not limited to, heart attacks, muscle strains, pulls of any sort, tears of any sort, broken bones of any sort, shin splints, heart prostration (including or involving any latent/hidden heart problems), knee/lower, back/foot, injuries and other related illnesses, soreness, or injury however caused, injury occurring as a result of my participation in the exercise program, or after, as a result of my participation in the exercise program.

In consideration for my participation in the BPF exercise program, I, _____, my heirs and assigns, hereby release, hold harmless and indemnify BPF and its directors, officers, owners, employees, representatives, associates, agents, contractors, vendors, suppliers, heirs, and assigns (i.e., this waiver of liability including all training and specialty classes held at but not limited to 100 S. Main St. Suite 112, Duncanville, Texas and any in-home training or off-site training such as hikes, walks, runs, calisthenics, weight lifting, boot camps etc.), from any claims, demands and causes of action what so ever, including negligence of any degree or willful misconduct arising out of or relating to my participation in the BPF exercise program.

BPF has recommended that I consult a physician before I engage in any physical exercise program. I acknowledge that I have done so, and that my physician has cleared me for participation, **or**, after rendering an individual decision, on my own, I have chosen not to consult a physician but will begin the exercise program **at my own risk**.

I have read this form and understand that there are inherent risks associated with my physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity. In the event of a medical problem, I further recognize that any medical care that may be required is my personal financial responsibility.

Client Signature

Date of Signature

Witness Signature

Date of Signature

Physical Activity Readiness Questionnaire (PAR-Q)

Please initial below the answer that correctly applies to you for each question.

- | Yes | No | | |
|-----|-----|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| ___ | ___ | 1. | Has your doctor ever said you have heart trouble? |
| ___ | ___ | 2. | Has your doctor ever said you have high blood pressure or high cholesterol? |
| ___ | ___ | 3. | Has your doctor ever told you that you have a bone or joint problem such as but not limited to arthritis that has been aggravated by exercise or might be made worse with exercise? |
| ___ | ___ | 4. | Do you often feel faint or have spells of severe dizziness? |
| ___ | ___ | 5. | Are you over 65 and not accustomed to vigorous exercise? |
| ___ | ___ | 6. | Is there any physical reason not mentioned here why you should not follow an activity program even if you wanted to? |
| ___ | ___ | 7. | Do you frequently have pains in your heart and/or chest? |

If you checked yes to any of the above, vigorous exercise testing should be postponed. Medical clearance from your physician is **strongly** advised. Consult with your personal physician by telephone or in person and tell him/her what questions you answered “yes” to on the PAR-Q and present your PAR-Q copy.

After medical evaluation, seek advice from your physician as to your suitability for

- unrestricted physical activity starting off easily and progressing gradually, and
- restricted or supervised activity to meet your specific needs, at least on an initial basis. Check in your community for special programs or services.

By signing below, you agree that you have read and understand the statements above and that you have initialed above the answer that correctly applies to you.

Signature

Date