



Lively Fitness – General Liability Waiver

Client Name: _____

Date of Birth: _____

Home Address: _____

Phone number: _____

Email: _____

Emergency Contact Name & Phone: _____

Acknowledgment of Risk

I understand that participation in personal training sessions with Lively Fitness, its owners, and/or any affiliated personnel (“Lively Fitness”) involves physical activity that may include, but is not limited to, strength training, stretching, balance exercises, and cardiovascular movement. I acknowledge that such activities carry inherent risks, including the possibility of injury, discomfort, or aggravation of existing conditions.

Voluntary Participation

I confirm that I am voluntarily participating in these sessions and assume all risks associated with physical activity. I confirm that I have disclosed all relevant medical conditions, limitations, or concerns to my trainer and that I will disclose any changes to said relevant medical conditions, limitations, or concerns to my trainer prior to the beginning of the training session following any such change or changes.

Release of Liability

I hereby release and hold harmless Lively Fitness from any and all liability, claims, demands, or causes of action arising out of or related to any loss, injury, or damage that may occur during or as a result of my participation in personal training sessions.

In-Home Environment

I understand that sessions will take place in my home, address reflected above or at such other locations as I choose, subject to approval by Lively Fitness, and I accept responsibility for ensuring a safe, clear space for movement. I acknowledge that Lively Fitness is not liable for any property damage or injury resulting from environmental hazards.

Consent to Emergency Care

In the event of a medical emergency, I authorize Lively Fitness to seek appropriate medical assistance and notify my emergency contact.

Signature

By signing below, I confirm that I have received a copy of this Lively Fitness General Liability Waiver, I have read and agree with its terms.

Client Signature: _____ Date: _____



Lively Fitness – Photo & Testimonial Release

Client Name: _____

Purpose of Release

I understand that Lively Fitness, its owners, and/or any affiliated personnel (“Lively Fitness”) may use photographs, videos, and written testimonials to share success stories, promote services, and inspire others in the community. These materials may appear on the Lively Fitness website, social media platforms, printed materials, or other promotional outlets.

Privacy & Respect

I understand that Lively Fitness will never share sensitive health information or personal details without my explicit consent. All materials will be used respectfully and in alignment with values and dignity, empowerment, and professionalism.

Consent

I voluntarily grant permission for Lively Fitness to

- Use my image, likeness, and/or written testimonial
- Share these materials for marketing and educational purposes
- Edit or crop images as needed for clarity and presentation

I understand that:

- My participation is entirely voluntary
- I may revoke this consent at any time by submitting a written request
- No compensation will be provided for the use of these materials

By signing below, I confirm that I have received a copy of this Lively Fitness- Photo & Testimonial Release, that I have read and understood said release and agree with its terms.

Client Signature: _____ Date: _____



Lively Fitness – Medical Questionnaire & Physician Release

Client Name: _____

Medical History & Current Health

Please answer the following to help Lively Fitness, its owners, and/or affiliated personnel (“Lively Fitness”) tailor your training safely and effectively:

1. Have you consulted with your physician about beginning a fitness program?

☐ Yes ☐ No ☐ Planning to

2. Do you have any of the following conditions? (Check all that apply)

☐ Heart disease or high blood pressure

☐ Diabetes or blood sugar concerns

☐ Osteoporosis or arthritis

☐ Joint pain or replacements

☐ Respiratory conditions (e.g., asthma, COPD)

☐ Neurological conditions (e.g., Parkinson’s, stroke history)

☐ Balance or mobility challenges

☐ Recent surgeries or hospitalizations

☐ Other: _____

3. Are you currently taking any medications that affect your heart rate, blood pressure, or mobility?

☐ Yes ☐ No If yes, please list: _____

4. Do you experience pain or discomfort during movement?

☐ Yes ☐ No If yes, describe: _____

5. Are there any activities or movements you've been advised to avoid?

☐ Yes ☐ No If yes, please explain: _____

Physician Release (Optional but Recommended)

I confirm that I have consulted with my physician regarding participation in a fitness program. I understand that Lively Fitness does not diagnose or treat medical conditions and that all exercise recommendations are based on the information I provide.

Client Signature: _____ Date: _____



Lively Fitness – Cancellation & Termination Policy

At Lively Fitness, its owners, and/or any affiliated (“Lively Fitness”) values your time, progress, and well-being. To ensure fairness and consistency for all clients, the following policies apply to scheduled sessions and ongoing training agreements.

Session Cancellation

- Clients must provide at least 24 hours’ notice to cancel or reschedule a scheduled session.
- Cancellations made with less than 24 hours’ notice will result in a forfeited session or a \$50 cancellation fee, unless due to emergency or illness.
- Repeated late cancellations may result in review of your training agreement.

Termination of Services

- To discontinue training with Lively Fitness, clients must provide 30 days’ written notice.
- This allows time to wrap up progress, transition safely, and adjust scheduling.
- Any unused sessions within the notice period may be completed or forfeited, depending on the package terms.

Session Expiration

- All unused sessions will expire 30 days after the purchase date of the training package.
- Expired sessions are non-refundable and cannot be carried over unless an account hold has been approved.

Refunds & Account Holds

- Refunds are considered on a case-by-case basis and must be requested in writing.
- Account holds may be granted for travel, illness, or medical recovery, with proper notice and documentation.

- Holds are valid for up to 60 days, after which unused sessions may expire unless otherwise agreed upon.

Communication

All cancellations, termination notices, and refund/account hold requests must be submitted via:

- Text message to 630-341-2275
- Email to jennyknox@livelyfitnessaz.com
- Written note delivered in person

By signing below, I confirm that I have received a copy of this Lively Fitness- Cancellation & Termination Policy, that I have read and understood said release and agree with its terms.

Client Signature: _____ Date: _____



Lively Fitness – Personal Training Program

Client Name: _____

Services Provided

Lively Fitness, its owners, and/or any affiliated (“Lively Fitness”) offers in-home personal training sessions tailored to each client’s goals, mobility level, and health history. Sessions are 45 minutes in length and may include strength training, balance work, stretching, and wellness guidance.

Scheduling & Session Format

- Sessions are scheduled based on mutual availability.
- Travel time is included in scheduling; sessions begin promptly at the agreed-upon time.
- Clients may book via text, phone or email, as follows: 630-341-2275

Email to jennyknox@livelyfitnessaz.com

- Sessions are held in the Client’s home at the Client’s home address reflected above or at such other location the Client chooses, subject to approval by Lively Fitness

Payment & Packages

- Single sessions: \$75
- Monthly packages:
 - 4 sessions: \$300
 - 8 sessions: \$560
 - 12 sessions: \$780
- Payment is due at the time of booking or at the start of the package.
- All unused sessions expire 30 days after purchase unless an account hold is approved.

Cancellation & Termination

Clients must sign the Lively Fitness- Cancellation & Termination Policy before beginning training.

- 24-hour notice is required to cancel or reschedule a session. Late cancellations may result in a \$50 fee or forfeited session.
- Clients must provide 30 days' written notice to terminate training.
- Refunds and account holds for travel or illness must be requested in writing.

Health & Safety

- Clients must complete the Lively Fitness- Medical Questionnaire & Physical Release and confirm they have consulted with their physician before beginning training.
- Lively Fitness is not responsible for undisclosed health conditions.
- Emergency protocols will be followed if needed during sessions.

Photo & Testimonial Release (Optional)

Clients may choose to allow Lively Fitness to use photos or testimonials for promotional purposes by signing the Lively Fitness – Photo & Testimonial Release.

Liability Waiver

Clients must sign the Lively Fitness – General Liability Waiver prior to beginning training. Said waiver acknowledges the risks of physical activity and releases Lively Fitness from liability for injury or property damage.

Signature

By signing below, I confirm that I have received a copy of this Lively Fitness- Personal Training Program, I have read and understand said Program and agree

Client Signature: _____ Date: _____