

Professional Fitness Coaching Liability Waiver & Informed Consent

Please read each section carefully and place your initials beside each section to confirm understanding and agreement.

1. Voluntary Participation

I am voluntarily participating in fitness coaching, exercise programming, and wellness guidance.

Client Initials: _____

2. Assumption of Risk

I understand exercise involves risks including soreness, strain, falls, injury, or aggravation of existing conditions.

Client Initials: _____

3. Medical Clearance

I confirm I am physically able to participate and will seek physician approval when appropriate.

Client Initials: _____

4. No Medical Services

The coach is not a physician, therapist, or registered dietitian and does not provide medical care.

Client Initials: _____

5. Nutrition Disclaimer

Nutrition information is educational only. The coach does not prescribe food as medicine or tell clients what they must eat.

Client Initials: _____

6. Results Disclaimer

No specific results are guaranteed. Outcomes vary by consistency, adherence, recovery, and lifestyle.

Client Initials: _____

7. Release of Liability

I release the coach from claims arising from participation except where prohibited by law.

Client Initials: _____

8. Client Responsibility

I will stop exercise if unusual symptoms occur and seek medical attention when needed.

Client Initials: _____

By signing below, I confirm I read and understood all sections above.

Client Name: _____

Client Signature: _____ Date: _____

Coach Signature: _____ Date: _____