

Change Ready Fitness, LLC

Client Consent and Waiver Form



By participating in this plan, you acknowledge that you're aware of your own health and physical condition, and have knowledge that your participation in any exercise program may cause injury. Having such knowledge, you hereby release Change Ready Fitness, LLC and Alexis (Lexie) Carter from liability for any accidental injury or illness which may occur as a result of participating in said physical activity. You will assume all risk connected to Change Ready Fitness training program and/or classes.

All Change Ready Fitness, LLC clients are required to sign and submit a waiver in accordance with the National Academy of Sports Medicine(NASM).

Name: _____ Date: _____

Signature: _____ Date: _____