

# CHS Fitness — Personal Training Waiver & Informed Consent

## Participant Information

Full name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency contact name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 1) Informed Consent

I understand that personal training involves physical activity including, but not limited to, cardiovascular exercises, resistance training, and mobility work. Potential risks include changes in blood pressure or heart rate, dizziness, muscle soreness, and musculoskeletal injury. I have had the opportunity to ask questions about the nature and purpose of these activities and I agree to participate voluntarily.

### 2) Assumption of Risk

I acknowledge that I am voluntarily participating in physical activity and that I assume all risks associated with such activity. I agree to inform the trainer of any pain, discomfort, symptoms, or changes in my health status before or during sessions.

### 3) Health Status & Medical Clearance

To the best of my knowledge, I am in sufficient health to participate in an exercise program. I agree to consult with my physician if advised to do so and to follow medical guidance. I will disclose relevant injuries, surgeries, medications, or conditions that may affect participation. I understand that CHS Fitness is not a medical provider and does not diagnose, treat, or prescribe.

### 4) Release of Liability & Indemnification

To the fullest extent permitted by law, I release and discharge CHS Fitness, its owner(s), coaches, contractors, and representatives from any and all claims, demands, or causes of action arising from my participation in training or use of facilities, except in cases of gross negligence or willful misconduct. I agree to indemnify and hold harmless CHS Fitness from any claims brought by third parties resulting from my actions during participation.

### 5) Emergency Medical Authorization

In the event of illness or injury, I authorize CHS Fitness to obtain emergency medical care as deemed necessary. I am responsible for any resulting costs.

### 6) Scheduling & Payment Policies

I understand the 24-hour cancellation policy; sessions canceled late or missed may be charged or forfeited. Packages are non-transferable and expire per the service description. Late arrivals may reduce session length to respect other clients.

### 7) Photo/Video Consent (optional)

- ☐ I consent to non-identifying photo/video for coaching records only.
- ☐ I consent to photo/video for marketing (website/social).
- ☐ I do not consent to any photo/video.

### 8) General Provisions

This agreement is governed by the laws of the State of Florida. If any provision is found unenforceable, the remaining provisions remain in effect. This document constitutes the entire agreement regarding liability and risk for training services and may be signed electronically.

By signing below, I acknowledge that I have read, understood, and agree to the terms of this waiver.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_ Initials: \_\_\_\_\_

# Health Declaration & Acknowledgements

Please check all that apply:

- ☐ I have been advised by a medical professional that I can participate in an exercise program OR I choose to participate at my own discretion.
- ☐ I will inform my trainer immediately if I feel pain, faint, dizzy, or unwell during a session.
- ☐ I will keep my trainer updated on any changes to my health, medications, or injuries.
- ☐ I understand that results vary by individual and no specific outcomes are guaranteed.
- ☐ I agree to follow gym rules and instructions for safe equipment use.

## Illness & Rescheduling

If I am ill, have a fever, or have a contagious condition, I will reschedule my session. CHS Fitness may reschedule sessions for safety.

## Minors

If the participant is under 18, a parent/guardian must sign below to consent to participation and agree to this waiver on the minor's behalf.

Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

\_\_\_\_\_  
This form is for informational purposes only and is not legal advice.

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

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