

Fitness Trainer Consent Form

Date: _____

Participant Name: _____

Date of Birth: _____

Email: _____

Phone Number: _____

Consent Statement

I, the undersigned, hereby consent to participate in fitness training sessions provided by [Trainer's Name]. I understand that participation involves physical activity, which may carry certain inherent risks.

Health Declaration

I confirm that I am physically fit to engage in fitness training and do not have any medical conditions that would prevent me from safely participating. I have consulted a physician if necessary.

Liability Waiver

I acknowledge that I have been informed of the potential risks involved in the training and agree to waive any liability to [Trainer's Name] for any injuries or damages incurred as a result of my participation.

Signature

Signature of Participant

Signature of Trainer