

Fitness Trainer Liability Waiver

Date: _____

Client Name: _____

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Waiver of Liability

I, the undersigned, hereby acknowledge that I am voluntarily participating in a fitness training program conducted by [Trainer's Name] at [Location]. I understand that the activities may involve motion, physical strain, and stress, and I am aware of the inherent risks associated with exercise.

In consideration of my participation, I release and hold harmless [Trainer's Name], their employees, agents, and any associates from any and all liabilities, claims, demands, or damages arising from my participation in the training program.

I confirm that I am in good health and that I have no medical conditions that would prevent my participation. I have been advised to consult my physician if I have any concerns.

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

Signature: _____

Date: _____