

Waiver - WeBeFit

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WeBeFit Personal Trainers believe your safety is our primary concern. The Medical History form you filled out identified one or more medical risk factors which may impair your ability to exercise safely. For this reason, you need to complete and return this Waiver and a Physician's Approval form before you can begin exercising with a WeBeFit Trainer.

I, _____, acknowledge that I have been informed of the need to obtain a Physician's Approval and release prior to beginning an exercise program with WeBeFit Personal Trainers.

I fully understand that the personal training and exercise program may be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way.

I have read and understand this term: _____ (initial)

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer. I give WeBeFit Personal Trainers and the staff of the facilities I train in permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred.

I have read and understand this term: _____ (initial)

By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

Client Name (Please Print)

Signature

Today's Date

Witness