

Client Informed Consent and Waiver of Liability Form

I, _____, wish to participate in physical activity under the instruction Floe Fitness Personal Training. **I have read, understood and agree to this term:** _____(initial)

I understand that Floe Fitness Personal Training offers instruction from a certified and qualified Personal Fitness Trainer and will design and teach to me a training program that best suits my needs and capabilities. I understand that in the course of my participation in exercise there exists, although remote, the possibility that I may experience some adverse changes in my blood pressure, heart rhythm and /or state of well-being, including the very rare possibility of a heart attach, stroke or even death. I understand that every effort has been made to, and will continue to be made, by my Personal Trainer, to minimize these occurrences before, during and after each training session. **I have read, understood and agree to this term:** _____(initial)

I understand that the results of any fitness program cannot be guaranteed and that my progress, depends on among other things, my effort and co-operation in and outside of the sessions. **I have read, understood and agree to this term:** _____(initial)

I understand that the role and responsibility of Floe Fitness Personal Training in this relationship is to provide me with a safe, effective program, guidance and support in using the program and finally, provide the knowledge and resources so that I may achieve my goals. **I have read, understood and agree to this term:** _____(initial)

I understand and agree that it is my responsibility to inform my Floe Fitness Personal Trainer of any conditions or changes in my health, now and on-going, which might affect my ability to exercise safely and with minimal risk of injury. **I have read, understood and agree to this term:** _____(initial)

I certify, my answers to the questions outlined on the PAR-Q form are true and complete to the best of my knowledge. I acknowledge, should I have answered" Yes" to any of the questions on the PAR-Q form that medical clearance is required prior to participating in exercise. **I have read, understood and agree to this term:** _____(initial)

I understand that should I feel light-headed, faint, dizzy, nauseated, or experience pain/discomfort that I am to stop the activity & inform my Floe Fitness Personal Trainer. **I have read, understood and agree to 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 have read, understood and agree to this term:** _____(initial)

I understand that Floe Fitness Personal Training works on a pre-pay basis and payment is to be made prior to the training session. **I have read, understood and agree to this term:** _____(initial)

I understand that Floe Fitness Personal Training works on a scheduled appointment basis and thus, requires that I provide 24 hours notice when canceling an appointment (778-839-2705). I understand that I will not be charged, should I cancel with more than 24 hours notice, however, if I cancel with LESS than 24 hours notice, that I will be charged \$25 for that missed session. **I have read, understood and agree to this term:** _____(initial)

Do not sign this portion until you have reviewed it with your Floe Fitness Personal Trainer and are satisfied with the answers to your questions.

Client Signature

Floe Fitness Signature

Date