



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Gender: M / F Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_

### **Informed Consent for Services**

I intend to use some or all of the activities, facilities, programs, and services offered during my personal training sessions. I understand that each person has a different capacity for participating in such activities, facilities, programs, and services. I am aware that all activities, services, and programs are educational, recreational, or self-directed in nature. I assume full responsibility before, during, and after my participation, for my choice to use or apply at my own risk, any portion of the information or instruction I receive.

I hereby, consent to receive services deemed necessary by my personal trainer authorized to provide such services knowing that the professional will do their best to educate me regarding the services. If I have any questions regarding the services, I will ask the professional. If, at any time, I decide to refuse the services, I will notify the professional immediately.

\_\_\_\_\_  
Signature (Signature of Parent if under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date