



Informed Consent Waiver and Liability Release Agreement for Fitness Program Participant

I, _____ intend to be involved in strenuous physical activity under the instruction of Adam Minors Personal Training, in activities including, but not limited to, running/jogging, weight lifting, bicycling, and various conditioning machinery. I agree to be legally bound as follows:

I understand that whilst undertaking any physical exercise I might injure myself and agree to waive any rights, claims, or damages for injuries now or in the future, including, but not limited to heart attacks, death, muscle strains, pulls or tears, broken bones, shin splints, overheating, knee/lower back/foot injuries and any other illness, soreness or injury however caused, whilst undertaking activities under the instruction of Adam Minors Personal Training.

I do not, to the best of my knowledge, suffer from any medical condition that would prevent or limit my participation in a fitness program or activities described above. I have been advised by Adam Minors Personal Training, to consult a doctor to gain a full medical prior to beginning any exercise program with Adam Minors Personal Training.

I understand that Adam Minors Personal Training, are not medical doctors and rely on my full and open disclosure of medical conditions in order to plan a suitable program of exercise for me.

I fully understand the above and have been given the opportunity to ask questions and have those questions fully answered to my satisfaction.

Print: _____

Signed: _____

Date: _____