



Building Strength and Confidence  
Fitness for Women

**INFORMED CONSENT & WAIVER FORM**

I, \_\_\_\_\_, do hereby consent to participate in a personal training program that will include weight training and/or cardiovascular exercise.

I have been informed and understand that physical exercise has been associated with certain risks, including but not limited to musculoskeletal injury, spinal injuries, abnormal blood pressure responses, and, in rare instances, heart attack or death. Every effort will be made to minimize these risks.

Any information that is obtained regarding my fitness level and my progress will be treated as privileged and confidential and will not be released or revealed to any person other than my physician without my express written consent.

I have read and understand the foregoing consent to participation in said program. I am aware that I may discontinue participation in the program at any time that I see fit to do so. If at any time I have questions concerning the content, policies, or procedures regarding the personal training program, I will discuss these questions with my trainer or the program supervisor immediately.

In addition, I agree to the following:

- a) assume all risks of injury and all risks of damage to or loss of property arising out of my participation in the program; and
- b) release, discharge, and waive any and all responsibility of Steel Feather Personal Training from and against any liability of injury, including death, and for damage to or loss of property which may be suffered by the undersigned arising out of, or in anyway connected with the participation in this program.

Consenting Signature:

**Participant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_

**Date:** \_\_\_\_\_