



## Personal Training Qualification Questionnaire & Liability Waiver

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Work: \_\_\_\_\_ Shift: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Please answer the questions that best describe you.

Do you, or have you had any health conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If you answered yes, please explain the health condition

\_\_\_\_\_

Are you currently under a physician's care (for a chronic condition)? Yes \_\_\_\_\_ No \_\_\_\_\_

What is your height: \_\_\_\_\_

What are your goals:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

How did you hear about RISE FITNESS? \_\_\_\_\_

What are the 3 best times and days of the week you can participate in personal training?

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

What date would you like to start training? \_\_\_\_\_ How many days per week: \_\_\_\_\_



### Personal Training Liability Waiver

- ☐ I understand Personal Training sessions must be paid in advance before sessions are scheduled
- ☐ I understand I must give 24-hour notice to reschedule a session I'm unable to attend
- ☐ I understand my Trainer can pause or cancel a training session if they feel my health or safety is a concern
- ☐ I understand the information discussed with my Trainer is confidential and will not be shared with others
- ☐ I understand my sessions are non-refundable however, they can be rescheduled if done so within 30 days (while abiding by the 24-hour notice of cancellation requirement)
- ☐ I understand that no-call no-show appointments will result in my trainer releasing me as a client
- ☐ I understand that if I, the client, cancel my Training package for any reason, I am forfeiting all money paid. There are no refunds
- ☐ I understand that results vary, and are not guaranteed. Results from any fitness routine can vary based on health, own efforts, and consistency over time
- ☐ I understand that I will be released as a client if there are any unethical behaviors towards my Trainer, the owner, and or the property in which my training is held
- ☐ I understand my Trainer is not a medical professional and CAN NOT give medical advice at any time. I must disclose **all** medical conditions (current and new) before beginning an exercise regimen or, immediately as they occur
- ☐ I give consent for my Trainer to share images of me on social media/website platforms
- ☐ By placing a credit or debit card on file, I authorize the processing of fees associated with payment and permit to process payments to that card related to my account
- ☐ I understand unused sessions must be rescheduled within 30 days from the initial scheduled date or sessions are no longer valid
- ☐ I understand if my health status changes, I am to notify my trainer immediately and a physician must medically clear me before resuming exercise programs

### Personal Training Liability Waiver

☐ I, the client, agree to all of the above statements. I am aware of my health and physical condition. I know that participation in any exercise program may result in injury, and am voluntarily participating at my own risk. Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury or illness while participating in Personal Training. I agree to disclose any physical limitations, disabilities, ailments, or impairments that may affect my ability in said fitness programs.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Personal Trainer: \_\_\_\_\_ Date: \_\_\_\_\_