

VITALITY FITNESS + THAI BODYWORK

CLIENT INFORMED CONSENT AND WAIVER

NAME: _____ AGE: _____ DATE: _____

ADDRESS: _____ ADDRESS 2: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____ PHONE: _____

INFORMED CONSENT

I, _____, acknowledge that I have voluntarily chosen to participate in a personal training program of progressive physical exercise, which can enhance the musculoskeletal and cardio respiratory systems. In signing this document, I acknowledge being informed of the possible strenuous nature of a personal training program and the potential for unusual, but possible, physiological results including, but not limited to abnormal blood pressure, fainting, heart attack or death. By signing this document, I assume all risk for my health and well-being, and hereby release and hold harmless Joe Ingraffia and Vitality Fitness and Thai Bodywork from any and all health claims, suits, losses, or causes of action for damages, injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessments and/or fitness program participation. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

Even though I will be observed during assessments and exercise activities, I understand that I am responsible for monitoring my own condition throughout the procedures, and if at any time I feel I am exercising beyond my fitness abilities, or I feel discomfort symptoms which could include but are not limited to nausea, difficulty in breathing, chest discomfort, and joint or muscle injury, I should immediately discontinue exercising and inform the Joe Ingraffia of the symptoms. I also understand that an emergency protocol has been planned. In the event an emergency situation occurs I am financially responsible for any emergency services that may be necessary.

I have read the foregoing carefully, and I understand its content. Any questions that may have occurred to me concerning this informed consent have been answered to my satisfaction.

CLIENT WAIVER

I know of no physical or medical condition that either myself, or my physician, is aware of that could be aggravated by participating in an exercise program. I agree to advise Joe Ingraffia and Vitality Fitness and Thai Bodywork in writing if this changes or if my physician advises me to stop, reduce, or otherwise adjust my exercise routine. I will advise Joe Ingraffia and Vitality Fitness and Thai Bodywork if I injure myself in any way while participating in exercises under their supervision

Client Signature

Date

Printed Name

All information on this form is strictly confidential