

Hyperactive Personal Fitness Training Client Informed Consent Agreement

I have undertaken to participate in a personal fitness training program with **HYPERACTIVE PERSONAL FITNESS TRAINING**.

I warrant that I am in good physical condition and do not suffer from any disability, injury or illness that would prevent or limit my participation in a **HYPERACTIVE PERSONAL FITNESS TRAINING** program. I acknowledge that I have been advised to seek a medical clearance from a medical practitioner prior to undertaking this personal fitness program and regularly thereafter endorsing my current and ongoing fitness to participate in the program. My participation, with or without the endorsement of a medical practitioner, is at my own risk. I agree that I am responsible for my own medical, dental and other relevant insurance.

I understand that the program may involve strenuous physical activity and that under some circumstances there may be a risk of injury and/or even death. The risks may include, but not necessarily be limited to, soft tissue damage, muscle strain, tear or related injuries, fractures, heart attack, stroke etc. I acknowledge that I am voluntarily participating in the activities comprising the fitness training program and have been informed of the risks. I agree to expressly assume and accept all risks.

I, for myself, and my heirs etc, release **HYPERACTIVE PERSONAL FITNESS TRAINING**, its owners, operators, employees, agents, sessional trainers from any and all responsibility or liability with respect to injuries or damages arising from or connected with my participation in a personal fitness training program and/or in the use of the facilities and/or equipment when training with **HYPERACTIVE PERSONAL FITNESS TRAINING**.

Name:

Signature:

Date: