

Assumption of Risk

I hereby state that I have read, understood and answered honestly the questions above. I also state that I wish to participate in activities, which may include aerobic exercise, resistance exercise and stretching. I realise that my participation in these activities involves the risk of injury and even the possibility of death. Furthermore, I hereby confirm that I am voluntarily engaging in an acceptable level of exercise, which has been recommended to me.

Client's Name:

Trainer's Name:

Client's Signature:

Trainer's Signature:

Date:

Date:

Additional note: I have taken medical advice and my doctor has agreed that I should exercise.

Signature: _____ Date: _____