

# Balance Living Personal Training

## Client Consent / Disclaimer Form

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise.

I also acknowledge that I may have been informed of the need to obtain a GP's examination and approval prior to beginning this exercise program, dependent on the answers to my Case History and PAR-Q.

In signing this document, I acknowledge being informed of the possible strenuous nature of parts of the program and the potential for unusual, but possible, physiological results, including but not limited to; abnormal blood pressure, fainting, heart attack or death.

I also understand that I may stop any training session at any time.

By signing this document, I assume all risk for my own health and well being during participation in these physical exercise sessions.

Signature:

Print Name:

Date: