I consent to voluntarily engage in a carefully planned, individual exercise program administered by the certified professionals at Pusch It Personal Training. I understand that no exercise program is without inherent risk and that regardless of the care taken by my trainer, he or she cannot guarantee my personal safety. I agree that the potential but not guaranteed benefits of physical activity outweigh the potential risks.

I understand that it is my responsibility to fully disclose to my trainer any health issues or medications that may be relevant to participation in an exercise program. I agree to inform the trainer if there are activities, with which I do not feel comfortable, and to cease exercise and report promptly any unusual feelings associated with imminent danger such as but not limited to; chest discomfort, nausea, difficulty breathing, or apparent injury. I will obtain written clearance from my physician if requested or I may refuse to obtain said medical clearance, fully acknowledging and accepting the associated risks.

I have been informed that the information that is obtained by my trainer will be treated with discretion and as confidential information that will not be released without my express consent.

While recognizing that none of us can plan life’s emergencies, I will respect that my session time has been reserved for me and I will give as much notice as possible when I am unable to attend. I understand that habitually missing appointments will result in a forfeiture of my session fee at the discretion of my trainer.

I represent that I am at least 18 years old and understand the contents of this document that I am freely signing.

Participant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_