



Personal Training by Nathan



Informed Consent to Conduct Fitness Assessment

Client Name: _____ **Date:** _____

Informed Consent

I, _____, give my consent to participate in the Fitness Assessment provided by my trainer. I understand that this assessment may include some exercises, and that exercise carries some risk to the Musculo-skeletal system (such as sprains, strains, etc.) and the Cardio-respiratory system (such as but not limited to dizziness, discomfort, heart attack). I hereby certify that I know of no medical problem, except those noted in the "New Client Information" form, that would increase my chance of injury or illness as a result of participation in an exercise program. By signing below, I take responsibility for my actions while under the direction of my trainer. I also waive any responsibility of my trainer if I should incur an injury as a result of my negligence.

Client Signature _____ Date _____

Trainers Signature _____ Date _____