Personal training liability waiver and release (template)

Not legal or medical advice. This is a free template from JustTrain (justtrain.io/personal-trainer-forms-templates/). Laws on contracts, waivers, consumer rights and health information differ by country, state and province. Have a qualified local professional review and adapt it before you use it with clients. Replace every [bracketed] item and blank line.

Read carefully before you sign. This form asks you to accept the risks of exercise and to give up certain legal claims.

I, _____ ("Client"), want to take part in personal training sessions and related activities ("the Activities") with _____ ("Trainer"), starting on _____.

1. The Activities

The Activities may include [strength training with weights and machines, cardiovascular exercise, bodyweight exercise, stretching, outdoor training, online sessions]. They take place at [location(s)].

2. Risks

I understand that exercise has risks. These include, among others, muscle soreness, strains, sprains, falls, injury from equipment, and in rare cases heart problems, serious injury or death. I understand that some risks cannot be removed even with care and good instruction.

3. My health

I have completed the health questionnaire truthfully. I will tell the Trainer about any change in my health before my next session. If the questionnaire or the Trainer recommends that I check with a doctor before exercising, I will do so before I start. I will stop and tell the Trainer if I feel pain, dizziness, shortness of breath or discomfort.

4. Voluntary participation and assumption of risk

I take part in the Activities voluntarily, and I accept the risks described above.

5. Release

To the extent the law allows, I release the Trainer [and the Trainer's business, staff and the facility at _____] from claims for injury, loss or damage arising from my participation in the Activities. [Your local professional should confirm what a release can and cannot cover where you work, for example whether it can cover negligence.]

6. Emergency care

If I need urgent medical care during a session, I agree that the Trainer may call emergency services. Emergency contact: _____, phone: _____.

7. I have read this form

I have read and understood this form, I have had the chance to ask questions, and I sign it voluntarily.

Signatures

Client name: _____ Date: _____

Signature: _____

If the client is under the age of majority where you work, a parent or legal guardian also signs:

Parent or guardian name: _____ Date: _____

Signature: _____

Trainer name: _____ Date: _____

Signature: _____

Free template from JustTrain, justtrain.io/personal-trainer-forms-templates/. You may copy, edit and use it with your own clients.