Personal Training Consent Form

Client Contact Information

Full Name: _____ DOB: _____

Address: _____

Phone: _____ E-Mail: _____

Emergency contact information:

Full Name: _____ Phone: _____

Address: _____

General Statement of Programme Objectives and Procedures

I understand that this physical fitness programme includes exercises to build the cardiorespiratory system (heart and lungs), the musculoskeletal system (muscle endurance, strength and flexibility), and to improve body composition (fat and muscle percentage). Exercise may include aerobic, callisthenic, weightlifting, physical sparring, balance and flexibility activities.

Testing and Evaluation Results:

I understand that I may undergo initial testing to determine my current physical fitness status. The testing may consist of completing a health inventory, wearing a heart rate monitor, completing a recognised fitness test, taking a four-point skin fold calliper check and/or using a machine to measure fat and muscle percentage and taking before and after photos.

I further understand that such evaluation is intended to provide your trainer with essential information used in the development of an individual fitness programme. I understand that my individual results will be made available only to me. I also understand that the testing is not intended to replace any other medical test or the services of my general practitioner (GP). Upon request I will be provided a copy of all test results. I may share the results with whomever I please, including my GP.

Description of Potential Benefits:

I understand that a programme of regular exercise for the heart, lungs, muscles and joints, has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in heart disease.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of the weightlifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal

strains, pain, and injury even if adequate warm-up, gradual progression, and safety procedures are not followed. Sparring may lead to broken bones, concussion, cuts, bruises, and other musculoskeletal and health conditions. I understand that the Athletic Company Limited and its instructor shall not be liable for any damages arising from personal injuries sustained by client (buyer) while and during the personal training programme.

Informed Consent for Participation in the Exercise Classes

I desire to engage voluntarily in a physical fitness programme given by Athletic Company Limited / Athletic Potential trainer. I understand that I am responsible for monitoring my own condition throughout my workouts. Should any unusual symptoms occur, I will cease my participation.

In signing this consent form, I affirm that I have read, accept, and understand this form in its entirety and that I understand the nature of exercise. I know that there may be risks associated with the participating in the physical fitness training programme and willingly accept those possibilities. I understand that by entering our premises or using the exercising equipment for any purpose does so at their own risk. I know that it is my responsibility to ensure my own safety and therefore I take full responsibility for my own health and safety in participating in the exercise class and to the extent I deem advisable, will consult a physician before participating in any of the activities.

Agreement and Waiver / Release of Liability

In consideration for being allowed to participate in this activity, which I do freely and voluntarily for my own personal benefit, I hereby act for myself, my executors, administrators, heirs, next of kin, successors and assigns to:

1. Waive, release and discharge from all liability to Athletic Company Limited, and any appointed trainer for my death, disability, personal injury, property damage, or property theft, or actions of any kind which may hereafter accrue to me in activities related to my training.
2. Indemnify and hold harmless Athletic Compony Limited, and any of their trainer, from all liabilities or claims made by other individuals or entities because of or relating to my participation in the training programme.

Therefore, intending to be bound and as a condition of being allowed to participate in the physical fitness training programme, have freely signed this waiver on the date indicated.

Confidentiality, Data and Use of Information

I consent to the processing of my personal medical data on a secure password protected laptop which is managed by Athletic Company Limited / Athletic Potential. This is in regulation of the of the Data Protection Act 1998.

I have been informed that the information which is obtained in this personal fitness training programme will be treated as privileged and confidential and will

consequently, not be released or revealed to any person, to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the programme staff to evaluate my exercise status or needs.

The law gives you certain rights in respect of the personal data we hold about you. This includes: Request access to your personal data, request transfer of your personal data and to withdraw consent to hold your personal data (after the mandatory 7-year period).

Fees

Prior to commencing your training programme, we will need you to inform us of how you intend to pay for your treatment. Payment is accepted by cash, debit or credit card.

YOU MAY BE CHARGED THE COST OF YOUR APPOINTMENT IF YOU FAIL TO ATTEND OR CANCEL AN APPOINTMENT WITH LESS THAN 24 HOURS NOTICE. FUTHERMORE, IF YOU CANCEL THREE APPOINTMENTS OR HAVE NOT BOOKED IN FOR 3 MONTHS, YOU MAY BE CHARGED THE COST OF YOUR APPOINTMENTS, LOSE ALL PREPAID BOOKINGS AND BE DISCHARGED FROM THE CLINIC.

Recording

Sessions may be recorded for marketing or educational purposes. I grant and authorise Athletic Company Limited / Athletic Potential and affiliated companies the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all videos taken of me to be used in and/or for any lawful purpose. I waive the right to inspect or approve any finished product in which my likeness appears.

This authorization extends to all languages, media, formats and markets now known or later discovered.

☐ Please tick if you want to be excluded from any recording

Marketing Preferences

I agree to receive communications about offers and promotions sent by email, text or post.

☐ Please tick if you want to be excluded from marketing preferences

Inquires and Freedom of Consent

I have been given an opportunity to ask questions as to the procedures. I have read this Informed Consent form, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily, without inducement.

Signed Consent

Client ……..

OR

Name & Signature of person with parental responsibility / person legally entitled to sign on behalf of a person who lacks capacity

Full Name: ……..

Signature: ……

Date: ……..