

Consent Form

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in this fitness testing, exercise programs, classes may be injurious to my health, I am voluntarily participating in 1 to 1 Personal Training services.

Having such knowledge, I hereby release 1 to 1 Personal Training, its representatives, employees, heirs, and successors from liability for accidental injury or illness that I may incur as a result of participating in fitness testing, exercise programs, classes, or any and all screening procedures. I hereby assume all risks connected therewith and consent to participating in said program.

Date	Name (print)		
Signature			
If the participant is a r	ninor, a signature of a	parent or guardian i	s required.
Name (print)			
Signature			
Realationship		Phone #	
Date			