



Lindsey Hodson
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Workout Waiver Form:

Name: _____ Age: _____

Email: _____

Phone Number: _____ Cell: _____

Emergency Contact Name: _____

Phone Number: _____

Content:

I, _____, have been informed, comprehend and am fully aware that strength, flexibility, and aerobic exercise, including the use of equipment involved are potentially hazardous activities. As well, I understand that fitness activities involve a risk of injury and I am voluntarily participating in these activities and use of equipment with full knowledge and comprehension of the dangers involved. I realize that my participation in this program involves risk of including, but not limited to: heart attack, stroke, bodily injuries, and even death. However, knowing and understanding the risks associated with this program and realizing that other injuries and even death are possible, I hereby expressly assume all risks which could occur by my participation in this Group Training program.

Client Signature _____

Date of Session: _____ Time: _____