



## Helene's Health & Fitness

Lenie2@hotmail.com

585-509-1190

I, \_\_\_\_\_, acknowledge that the activities in which I will participate as part of my training with Helene's Health & Fitness, its staff or its associates, naturally involve risk of personal injury. In consideration of the personal training services I receive as a client of Helene's Health & Fitness, I assume all risks associated with this type of work. These risks include but are not limited to the weather, including high heat and/or humidity and all other risks.

I hereby waive and release all rights and claims to damages that I may have against Helene's Health & Fitness, its staff and associates, for any injury which may be sustained by me while engaged in personal training or related activities.

I understand that I must have received my physician's consent in writing prior to starting any fitness program with Helene's Health & Fitness.

I am aware that I must share with my trainer[s] **any** information about changes in my medical condition, regardless of how insignificant they may seem, as this information may greatly affect my exercise program.

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Client Signature

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date

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Trainer Signature

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date