

Personal Training Agreement
Informed Consent & Assumption of Risk
(Must be signed prior to beginning personal training sessions)

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in N B Holistics Personal Training Program may cause injury, am voluntarily choosing to participate in the program. There are always certain risks associated with any physical activity. I understand these risks and declare myself physically sound and capable to participate in the program offered through the N B Holistic Wellness.

The Personal Training Program is a program designed to guide me, safely and effectively, through an appropriate individualized fitness/exercise regime based on my initial fitness assessment and goal assessment. Following the completion of a health questionnaire form and possibly a doctor's note and an initial consultation, I will be given an individual exercise program that focuses on increasing fitness to prepare me for normal activities of daily living. I realize that [have the option to discontinue any activity upon my own discretion. I also realize that all information obtained about myself through this program will be kept in strict confidence within the Personal Training Program. In making this activity available for your participation, N B Holistics assumes no responsibility for injury. The responsibility is assumed entirely by the participant. Participants should have adequate personal insurance coverage.

WAIVER AND INDEMNITY

In consideration of services or property provided, I, for myself, my heirs, personal representatives and assigns, do hereby release, waive, discharge and covenant not to sue the N B Holistics and their respective board members, trustees, faculty, instructors, advisors, employees, affiliates, members, volunteers, staff, heirs, assigns, and representatives, (collective and, the "Released) from any and all claims including, not by way of limitation, any claims arising from negligence of Releases or any of them resulting in personal injury, accidents or illnesses (including death) and/or property loss arising from or relating in any way to participation in the Activity, the use of facilities in connection with the Activity, and/or travel before, during or after the Activity.

I agree to indemnify and hold harmless Releases from any and all claims, actions, suits, procedures, costs, expal99S, damages and liabilities, including attorney's fees, end to for any Such expense incurred in connection on with or as a result of (1) (a) Party ci party's participation in the Activity or (b) travel associated with the Activity or (2) arising in connection with or as a result of any attempt by anyone, including, not by way of limitation,

Participation or anyone during the Participant's behalf, to avoid the terms of this document which I freely sign.

I have read this document in its entirety, fully understand its terms, and understand that I am giving up substantial rights - including my right to sue. I know, understand and appreciate these and other risks that are inherent in the Activity. I expressly agree and assert that participation in the Activity is voluntary and I knowingly assume all such risks and elect to proceed with the participation despite all the risks. I acknowledge that I am signing this document freely and voluntarily and intend, by my signature, the complete and unconditional release of all liability to the greatest extent allowed by law.

" Having Such knowledge, I do hereby release N B Holistic Wellness, employees of all liability related to injuries or accidents to myself which may occur as a result of participation in the Personal Training Program. I hereby assume all risks connected therewith and consent to participate in the Personal Training Program."

Personal Training Policies and Procedures

Session or packages of sessions are non-refundable and non-transferable

Session or sessions must be paid in full and will be scheduled with the participating Personal Trainer

Clients must give 24 hours advanced notice of cancellation. Less than 24 hours or a no-show will result in a charged to the session or package.

Health Screening / Medical History Questionnaire, and Personal Information forms have been filled out honestly and to the best of my ability.

Print Name _____

Signature _____ **Date** _____