INFORMED CONSENT - PERSONAL TRAINING

CLIENT INFORMATION

Full name:

ID no.: **Date of birth:**

DECLARATION

1. I declare that I have been informed of the nature of the personal training program I will take part in, including the exercises, intensity and frequency of the sessions.

2. I declare that I have truthfully informed my trainer about my current health, medical history, past injuries, medications and any condition that may affect my ability to exercise.

3. I understand that physical exercise carries inherent risks, including but not limited to: muscle, joint or bone injuries, cardiovascular problems or other adverse events.

4. I agree to tell my trainer immediately about any discomfort, pain, dizziness or other symptoms during training sessions.

5. I understand that training results depend on many factors (consistency, nutrition, rest, genetics) and that my trainer cannot guarantee specific results.

ASSUMPTION OF RISK

Fully aware of the risks involved, I voluntarily agree to take part in the personal training program and accept responsibility for the risks inherent in physical activity, releasing the trainer from any liability arising from them, except in cases of professional negligence.

PHOTO RELEASE (OPTIONAL)

[ ] I authorize / [ ] I do not authorize the capture and use of my image (photos/videos) for progress tracking and/or promotion of the personal training service, in accordance with applicable privacy laws.

DATA PRIVACY

In accordance with applicable privacy laws, the personal data collected will be used to manage the personal training professional relationship. The client may exercise their rights to access, correct, delete and port their data by contacting the trainer.

Date:

Client signature: **Trainer signature:**