Name:

Today’s Date/Month of initial training

Best Contact Number and Text:

Best Email for reserving training sessions:

Address:

DOB/Current Age:

Height:

Weight:

Current Medications and purpose for said medication:

Current Physical Concerns, limitations, or restrictions from a doctor:

My reason/purpose for hiring a personal trainer and nutrition coach:

Why I choose to train with Coach Corissa:

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C5 Fitness, LLC

Liability Waiver

In Consideration of the facility, Champions Gate, and my current state of health as documented with C5 Fitness, LLC records, I acknowledge, appreciate, and agree to:

1) Freely assume the risk of fitness training. I will update my trainer if my physical abilities change. I assume full responsibility for my participation in group/personal training exercises. I understand that nutrition is not a prescription and I may need further professional guidance from my doctor before making physical and nutritional changes.

2) Release and hold harmless C5 Fitness, LLC and Champions Gate staff in the result of injury, or even death, due to a lack of self awareness or putting myself at harm. I freely participate.

3) Maintain open communication with Coach Corissa if I need to withdraw from the agreeed upon commitment.

Please keep in mind that some photos may be used for social media or website advertisements. By signing this form, you agree to release your photo for such purposes.

I have read this release of liability and assumptions risk agreement, and I fully understand its terms, thereby giving up my rights to a lawsuit against said companies. I sign it freely and voluntarily.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I also agree to attend the same training time (mutually agreed upon by reservation) at: \_\_\_\_\_\_\_