**C5 Fitness, LLC**

**Health Awareness**

Name Email address

Today’s Date/Month of initial training

Best contact Number

Address

DOB/Current Age

Current Medications and purpose for said medications

Current physical concerns or restrictions from a doctor

My ambition or purpose for physical training

Why I chose to train with Coach Corissa

Liability Waiver

In Consideration of the rented facility, Champions Gate, and my current state of health as documented above, I acknowledge, appreciate, and agree to assume personal risk and hold harmless C5 Fitness or Champions Gate. I will update records with C5 Fitness if my abilities for physical training change and I will not put myself at harm due to lack of self-awareness. I will keep strong communication with my trainer and assume liability for participation in the training I receive. I also agree to hold harmless C5 Fitness or Champions Gate for social media advertising in which my photo may be appropriately used.

Printed Name and Signature