



High Performance
This is Sport.



CLIENT RELEASE

I know of no physical or medical condition that either myself, or my physician, is aware of that could be aggravated by participating in an exercise program. I agree to advise my personal trainer or fitness consultant in writing if this changes or if my physician advises me to stop, reduce, or otherwise adjust my exercise routine.

I will advise my personal trainer or fitness consultant if I injure myself in any way while on their property or while participating in exercises under their supervision or recommendation.

Signature: _____

Signature of Parent if under 18 years old: _____

Print Name: _____

Date: _____