



**Angela Martin, NPTI-CPT**

Personal Trainer and Nutritional Consultant

**Informed Consent to Exercise**

Your fitness program with Angela Martin will consist of weight training for musculoskeletal fitness, aerobic training for cardiopulmonary fitness and flexibility training. When you change or begin a general fitness-conditioning program, you may experience fatigue and temporary muscle soreness.

These discomforts should decline as you become adjusted to the new exercise stresses. Any discomfort or soreness that persists or interferes with normal daily activities should be reported to Angela Martin and your medical doctor, chiropractor, physical therapist or other health care professional.

**Client Waiver and Release**

I, \_\_\_\_\_, recognize that weight training, aerobic training, stretching and other forms of physical activity or exercise may be injurious to the health of certain individuals, especially persons with cardiopulmonary or musculoskeletal disease or disorders, or persons who have not recently engaged in strenuous exercise. I am aware of my own health, physical condition and limitations. I consent to participate in an exercise-training program with Angela Martin and assume all risks connected there within. I release Angela Martin from any liability and agree not to sue company or trainer with respect to any cause of action for bodily injury, property damage, or death occurring to me as a result of my participation in the activity. The undersigned releases Angela Martin, estate and heirs from liability for any and all accidental injury or illness I may incur as a result of participation in any and all exercise activity. If I am over 50 years of age and have not been physically active, I will obtain/have obtained a physician's approval before beginning or continuing my exercise program. I have consulted with or have had the opportunity to consult with an attorney before signing this Consent and Release Form.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature\*

\_\_\_\_\_  
Date

(\*if client is under 18 years of age, signature of parent or guardian is required)