

# So.Be.Fit.

## Personal Training Studio

### Informed Consent for Services

I understand that the exercise and physical activity that I partake in is for the purpose of improved health and fitness. I also recognize that physical activity carries some risk to the musculoskeletal system and the cardiorespiratory system. I hereby certify that I have obtained medical clearance to begin a physical activity program and have disclosed all potentially material medical information. If I experience any abnormalities regarding pain or discomfort during any exercise session, I will immediately inform the instructor.

I affirm that I have stated all of my known medical conditions and pertinent pharmacological information to So.Be.Fit. personnel, and understand that there shall be no liability on the instructor/trainer's part if I fail to do so. I take full responsibility of my actions during my visits, and I will fully disclose of any changes in my health status after my initial paperwork. Please sign below to indicate that you will not hold So.Be.Fit. or any of its' contracted personnel responsible for any injury or loss that should occur.

So.Be.Fit. takes your health very seriously and we expect every instructor/trainer to be highly qualified and sensitive to the health and safety of our clients.

Client Signature:

Date:

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- So.Be.Fit. requires a 24 hour cancellation notice for all appointments to avoid charge.
- All clients are asked to bring their own fitness mat to all appointments or can rent one from the studio.

Client Signature: