

# Mike's Mobile Gym

## Waiver Form

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I, \_\_\_\_\_, acknowledge that I have been informed of the recommendation to obtain a Physician's Approval and release prior to beginning an exercise program with MMG (Mike's Mobile Gym) Personal Trainers.

I fully understand that the personal training and exercise program may be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way.

**I have read and understand this term: \_\_\_\_\_ (initial)**

I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Personal Trainer. I give MMG Personal Trainers and the staff of the facilities I train in permission to seek emergency medical services for me should I become injured or ill with the understanding that I am responsible for any expenses incurred.

**I have read and understand this term: \_\_\_\_\_ (initial)**

By signing this document, I assume all risk for my health and well-being and hold harmless of any responsibility, the instructor, facility or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

I have read, understood and completed this questionnaire. Any questions I had were answered to my full satisfaction.

\_\_\_\_\_

Client Name (Please Print)

\_\_\_\_\_

Signature

\_\_\_\_\_

Today's Date

\_\_\_\_\_

Witness