



INFORMED CONSENT, CONTRACT & CLIENT WAIVER

I, _____, acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise by House of Fundamentals with Professional Trainer, Dino Mosley. I understand such a program can enhance the musculoskeletal and cardio respiratory systems. I also understand there are inherent risks in participating in a program of strenuous exercise. I have been informed of the possible strenuous nature of a personal training program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, muscle soreness, fainting, heart attack or death.

I have read and understand this term: _____ (initial)

I certify that the answers to the questions outlined on the Medical History form are true and complete to the best of my knowledge. I understand medical clearance may be required based on the answers I gave on the Medical History (PAR-Q) form. I understand and agree that it is my responsibility to inform my trainer of any conditions or changes in my health, now and ongoing, which might affect my ability to exercise safely and with minimal risk of injury.

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 trainer. I give House of Fundamentals and Dino Mosley 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)

I understand that House of Fundamentals (Dino Mosley) operates on a scheduled appointment basis for all training sessions and thus, require that I provide 24 hours notice when canceling an appointment. No charge will be levied should I cancel with MORE than 24 hours notice given. Additionally, no charge will be levied should I need to cancel because of emergency or illness. I understand that House of Fundamentals recommend that all cancelled sessions be rescheduled to ensure consistency and fitness progress. If 24 hours notice is not given, I understand that I will be charged a flat fee of **\$50**. I understand that House of Fundamentals has a no refund policy.

I have read and understand this term: _____ (initial)

I understand that I have made a commitment to myself and I will respect my trainer's time. Tardiness is inexcusable and House of Fundamentals/Dino Mosley, Professional Trainer does not allow a grace period for training sessions. 3 tardies will result in a week's forfeiture of my paid training sessions.

I have read and understand this term: _____ (initial)

I understand that the price of service negotiated between House of Fundamentals/Dino Mosley, Professional Trainer is valid for _____ days from today. The rate for the plan selected will be charged as follows: \$_____/hour, \$_____/session, \$_____/week, \$_____/month or ____/6 weeks.

I have read and understand this term: _____ (initial)



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House of Fundamentals/Dino Mosley, Professional Trainer believes your safety is our primary concern. The Medical History form you filled out identified one or more medical risk factors which may impair your ability to exercise safely. For this reason, you need to complete and return this Waiver and a Physician's Approval form before you can begin exercising with House of Fundamentals/Dino Mosley, Professional Trainer.

I, _____, acknowledge that I have been informed of the need to obtain a Physician's Approval and release prior to beginning an exercise program with House of Fundamentals.

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 trainer. I give House of Fundamentals 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)

I understand that photos will be taken as a means of documenting my fitness progress. Additionally, these images may be used by House of Fundamentals for promotional purposes (printed publications, website, etc.). Photos will never be sold or distributed to any third party organization.

I have read and agree to being photographed: _____ (initial)

I have read and agree to using my photograph for promotional purposes: _____ (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 certify that the answers to the questions outlined on the Medical History form are true, complete and accurate to the best of my knowledge. I understand medical clearance may be required based on the answers given on the Medical History (PAR-Q) form. I have read, understood and completed all of the above information. Any questions I had regarding this document and related services were answered to my full satisfaction.

Client Name (Please Print)

Client Signature

Today's Date

Witness Name

Witness Signature