



Participant Informed Consent and Liability Waiver

1. Explanation of Procedures & Participation. I voluntarily consent to participate in an initial consultation, assessment, movement screening, and/or introductory session with Coach Laura Hamilton LLC. This may include a health history review, movement evaluation, basic physical testing, low-intensity activity, and discussion of general fitness recommendations.

If I choose to participate in personal training services, this same informed consent shall apply to all future training sessions. Training sessions may include cardiovascular exercise, strength training, flexibility, mobility, and other wellness activities based on my individual needs.

I may stop or refuse participation at any time if I experience discomfort, pain, dizziness, fatigue, or shortness of breath, or if I wish to discontinue for any reason.

I understand that a personal trainer may modify or stop my exercise at any time if it appears necessary for my safety. I acknowledge that light physical contact or positioning may be required during both the consultation and any training sessions to assess alignment, assist with movement, or teach proper technique. I expressly consent to such contact for professional purposes.

2. Risks Associated with Participation. I understand that physical activity involves inherent risks. These risks may include, but are not limited to, dizziness, fainting, irregular heart rhythms, and in rare instances heart attack, stroke, or death. I also recognize the risk of musculoskeletal injuries involving the muscles, ligaments, tendons, and joints.

If training occurs at my home, outdoors, or in other locations, additional risks may include uneven surfaces, weather, insects, environmental hazards, or bystanders. I acknowledge that every reasonable effort will be made to minimize risks. Despite these precautions, I fully understand and voluntarily assume all risks associated with participation.

3. Physical Condition of Client. I affirm that all health information I provide is accurate and complete and that I am in adequate health to participate in exercise. I confirm that I have no medical condition, impairment, or disability that would prevent me from safely engaging in physical activity or that could be aggravated by exercise. I have disclosed all relevant medical information and agree to promptly update Coach Laura Hamilton LLC regarding any changes in my health, medications, or physical limitations. I understand that withholding or misrepresenting health information increases my risk of injury and releases the trainer from liability related to incomplete or inaccurate disclosure.

I understand that Coach Laura Hamilton LLC does not diagnose medical conditions or provide medical treatment. I acknowledge that I have been advised to consult with a physician prior to beginning any exercise program.

4. Emergency Medical Authorization. In the event of an accident, illness, or emergency, I authorize Coach Laura Hamilton LLC to obtain emergency medical assistance on my behalf and accept full responsibility for any resulting costs.

5. Waiver, Release, and Indemnification. I understand and acknowledge the risks associated with exercise and agree to participate at my own risk. I fully and forever RELEASE, RELINQUISH, ACQUIT, AND DISCHARGE Coach Laura Hamilton LLC and its owners, employees, and agents ("Released Parties") from any and all claims, demands, actions, causes of action, or liabilities of any kind arising from my participation, including those resulting from the passive or active negligence of the Released Parties.

I affirm that no verbal or written promises, agreements, or representations have been made to me beyond what is included in this document.

6. Benefits and Alternatives. I understand that no specific results are guaranteed. Training may improve fitness if performed consistently, but results may vary. I understand that I am free to decline participation in any exercise and may pursue alternative evaluations or consult a healthcare provider at any time.

7. Confidentiality and Use of Information. All personal and health information I provide will be kept confidential. Such information may be used only for assessment and program recommendations, or in a non-identifiable format for administrative, educational, or statistical purposes.

8. Photo/Video Consent. Photos or videos may be taken during the consultation or training sessions for purposes such as documenting posture, technique, progress, or trainer education.

Initial one:

I consent to the use of my images/videos for social media, marketing, or promotional purposes.

I do NOT consent to the use of my images/videos for public marketing purposes.

Internal documentation/photos may still be taken for professional assessment and training purposes.

9. Inquiries and Freedom of Consent. I have had the opportunity to ask questions regarding procedures and my participation. All questions have been answered to my satisfaction.

10. Severability. If any portion of this waiver is found unenforceable, the remaining provisions remain in full effect.

Participant Printed Name

Date of Birth

ADULT PARTICIPANTS (18 and older)

I HAVE READ THIS INFORMED CONSENT AND LIABILITY WAIVER, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS, AND SIGN IT FREELY AND VOLUNTARILY. I INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Participant Signature

Date

MINOR PARTICIPANTS (Under 18)

I am the parent or legal guardian of the above-named minor. I have read and fully understand this Informed Consent & Liability Waiver. I consent to my child's participation in the consultation, assessments, and personal training services provided by Coach Laura Hamilton LLC. I agree that the terms of this waiver apply fully to the minor participant, and I voluntarily accept all risks on their behalf. I agree to indemnify and hold harmless Coach Laura Hamilton LLC and all Released Parties from any claims arising from the minor's participation.

Parent/Guardian Printed Name

Relationship to Minor

Parent/Guardian Signature (on behalf of minor participant)

Date