



**ToFitYou**

Where the mind goes  
the energy flows

**STRENGTHENING AND WALK FITNESS CLASS**

*by Birgitt Haderlein*

**CLIENT INFORMATION AND INFORMED CONSENT**

**CLIENT INFORMATION**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**INFORMED CONSENT**

I, \_\_\_\_\_, have hereby enrolled in a program of physical activity including but not limited to weight training and various aerobic conditioning, offered by To Fit You. I hereby affirm that I am in good physical condition and do not suffer from any disability which would prevent or limit my participation in this exercise program.\*

In consideration of my participation in the To Fit You Strengthening and Walk Fitness Class,

I, \_\_\_\_\_, for myself, my heirs and assigns, hereby release To Fit You from any claims, demands and causes of action arising from my participation in the Strengthening and Walk Fitness Class.

I fully understand that I could injure myself as a result of my participation in To Fit You Strengthening and Walk Fitness Class and I, \_\_\_\_\_, hereby release To Fit You from any liability now or in the future including, but not limited to heart attacks, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, knee/lower back/foot injuries and any other illnesses, soreness or injury however caused, occurring during or after my participation in the Strengthening and Walk Fitness Class.

I hereby affirm that I have read and fully understand the above.

Client

Date

\* To Fit You strongly suggests that you consult your physician before beginning any exercise program if you are overweight or have been inactive for a long period of time or have never participated in an exercise program of any kind.