

INFORMED CONSENT FORM

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Email: _____

In case of emergency contact: _____

Please list any recent illnesses or injuries:

[Empty rectangular box for listing recent illnesses or injuries]

"I, (print name) _____, have enrolled in a exercise training program of strenuous, physical activity including, but not limited to, a variety of group exercise classes, weight training, stationary bicycling and various aerobic conditioning machinery offered by "CMWS, LLC." I hereby affirm that I am in good physical condition and do not suffer from any disability that would prevent or limit my participation in this exercise program. In consideration of my participation in personal training and or group fitness programming , I, (please initial) _____, for myself, my heirs and assigns hereby release "CMWS" (its employees, contractors and owners), from any claims, demands, and causes of action, now or in the future, arising from my participation in the exercise program. I fully understand that I may injure myself as a result of my participation including, but not limited to miscarriage, heart attack, muscle strains, pulls, tears, broken bones, shin splints, heat prostration, knee-lower back/foot injuries and any other illness, soreness, injury or even death however caused occurring during or after my participation in the exercise program. I acknowledge that training and associated exercises are conducted in an enclosed gym or studio and typically involve multiple participants, and instructors, in close proximity to each other. This creates a **risk of harm** from latent or active communicable diseases and conditions, and from contagious infections such as but not limited to, COVID-19, that are unknown or undisclosed to (CMWS). This risk exists despite all reasonable efforts of (CMWS) and the lessor or owner of the premises to maintain the premises and equipment in a safe and sanitary condition.

Signature

Date

I hereby affirm that I am exercising with my physician approval regarding this program and have read and fully understand the above agreement.

Signature

Date

NEW CLIENT INTAKE FORM

Welcome to PUSH! We are so excited to have you here! Please tell us a little bit about yourself, so we can get to know you better!

Name: _____

Birthday: _____

Favorite Post Workout Snack: _____

Last Time You Were Part of a Fitness or Training Program:

Your Top Three Fitness Goals:

