

ONLINE PERSONAL TRAINER/CLIENT AGREEMENT

I understand that the program is voluntary and that my Personal Trainer will develop and guide me through my exercise and/or nutrition program(s). I understand that the online exercise and nutrition guides are designed for those individuals who do not have certain medical limitations regarding diet/exercise. If applicable, I will accurately and completely disclose any prescribed medications I am taking and any exercise or diet limitations I am aware of or have been informed of by my doctor, so that my Trainer can develop a modified plan for my personal medical considerations. During the program if my medications, condition, or medical limitations should change, I will notify my Trainer. I understand that it is recommended that I have a yearly physical or more frequent physical examination and consultation with my physician as to physical activity and diet so I am aware of what is appropriate for me. I acknowledge that I have either had a physical exam and have been given my physician's permission to participate or I have decided to participate without approval of my physician.

I understand that while my Trainer will review any disclosed medical limitations, my Trainer is not a physician and cannot replace the advice and expertise of a physician.

I understand that although my Trainer may include recommended caloric ranges, macronutrient distribution, and suggested foods to ingest (or, in some cases, avoid) to better meet my fitness goals, my Trainer is not a nutritionist or registered dietician (RD), and he is legally not allowed to prescribe a specific meal plan for me. I understand that any specific diet limitations need to be discussed with my physician, nutritionist, or RD to ensure proper monitoring.

I understand that I have the complete right to stop or decrease exercise at any time during a session, and that it is my obligation to notify my physician or seek medical attention immediately if I develop any symptoms such as fatigue, shortness of breath or chest discomfort.

I realize that participation in the program including but not limited to exercising, use of exercise equipment and strenuous exertion (strength training) all of which increase heart rate and body temperature.

I understand that exercise involves certain risks, including but not limited to, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, stroke or even death. Also, injuries could occur to bones, joints or muscles. Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill which I conduct myself in that activity or program.

Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of possible death, which could occur by reason of my participation

I do hereby waive, release and forever discharge to Jonathan Jordan Fitness from any and all responsibilities or liability for any present and future injuries or damages resulting or arising from my participation in any activities including but not limited to use of the nutrition guide, exercise, personal training or use of the equipment including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above.

I declare that I have read, understand and agree to the contents of this Personal Training Agreement in its entirety. I understand that the Assumption of Risk and Waiver of Liability are intended to be as broad and inclusive as permitted by law and agree that if any portion is held invalid, the remainder will continue in full force and effect.

Signed: _____

Date: _____