



# Liability Waiver & Release

Required Before First Session

I represent that I am in adequate health to participate in physical exercise. I have disclosed (or will disclose via the PAR-Q form) all known medical conditions, medications, and physical limitations that may affect my ability to safely exercise. I understand that Paul Gover is a certified personal trainer and IS NOT a physician, therapist, dietitian, or licensed healthcare provider. Nothing in our training relationship constitutes medical advice, diagnosis, or treatment.

## Client Information

<b>FULL LEGAL NAME</b>	<b>DATE OF BIRTH</b>
_____	_____

## Affirmations — Initial Each

<b>PHONE NUMBER</b>	<b>EMAIL ADDRESS</b>
_____	_____

<input type="checkbox"/> I have read this entire document and understand its contents.	<b>DATE OF THIS AGREEMENT</b>
<input checked="" type="checkbox"/> I am signing this agreement voluntarily and without coercion.	_____

I acknowledge the inherent risks of physical exercise and outdoor/non-facility training.

I am 18 years of age or older or a parent/guardian is signing on my behalf (see below).

## Acknowledgment of Inherent Risk

I understand this waiver does not cover gross negligence or intentional misconduct.

I, the undersigned, voluntarily choose to participate in personal training and physical fitness services provided by Paul Gover operating as Green

For Minors (Under 18): If the participant is under 18, a parent or legal guardian must sign below on the minor's behalf. Minor's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

## Signatures

<b>CLIENT / GUARDIAN SIGNATURE</b>	<b>PRINTED NAME</b>
_____	_____
<b>DATE</b>	<b>TRAINER ACKNOWLEDGMENT</b>
_____	_____

*This document is valid for the duration of the training relationship. Retain a copy for your records.*

Paul Gover, Green Eye Open, and their respective agents, employees, successors, and assigns from any and all claims, demands, actions, causes of action, damages, losses, or liabilities arising from or related to my participation in personal training or lifestyle design services, to the extent permitted by Wisconsin law.

Wisconsin Comparative Negligence Notice (Wis. Stat. § 895.045): I understand that this waiver applies to claims arising from the ordinary negligence of the Trainer. This waiver does NOT apply to claims arising from the Trainer's gross negligence, reckless conduct, or intentional acts. Wisconsin is a modified comparative negligence state; nothing in this waiver prevents a court from apportioning fault if gross negligence or intentional harm is alleged.

## Outdoor & Non-Facility Training Acknowledgment

When training occurs outdoors (parks, trails, open spaces) or at private residences, I acknowledge: (1) there is no lifeguard, emergency medical technician, or facility staff present; (2) terrain may be uneven, slippery, or otherwise hazardous; (3) weather conditions including heat, cold, precipitation, and wind create additional risk; (4) when training occurs at my home, I am responsible for ensuring the safety of the training area and notifying the Trainer of any known hazards.

## Medical Acknowledgment

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