CLIENT WAIVER & INFORMED CONSENT

PLEASE READ EVERY PAGE BEFORE SIGNING

This form records your voluntary consent to fitness training and explains important health and legal responsibilities. Complete it fully and ask questions before signing. This form is not medical advice or a medical evaluation.

01 PARTICIPANT INFORMATION

FULL LEGAL NAME

DATE OF BIRTH

AGE

PHONE

EMAIL

STREET ADDRESS

CITY, STATE AND ZIP

EMERGENCY CONTACT

RELATIONSHIP

EMERGENCY PHONE

02 HEALTH AND ACTIVITY READINESS DISCLOSURE

Answer each question honestly. A YES does not automatically prevent training. It means additional discussion, modification, or health-care-provider clearance may be appropriate before beginning or increasing exercise.

		YES	NO
1.	Has a health-care provider diagnosed a heart, cardiovascular, metabolic, kidney, or other condition that may affect exercise?	☐	☐
2.	Have you experienced chest discomfort, unexplained shortness of breath, fainting, dizziness, or unusual heart rhythm at rest or with activity?	☐	☐
3.	Do you have a bone, joint, muscle, neurologic, balance, or mobility condition that could worsen or require exercise modification?	☐	☐
4.	Have you had a recent surgery, hospitalization, major illness, fall, or injury that may affect your ability to exercise safely?	☐	☐
5.	Do you take medication that may affect heart rate, blood pressure, balance, alertness, blood sugar, pain, or exercise tolerance?	☐	☐
6.	Are you pregnant, recently postpartum, or under provider-directed activity restrictions?	☐	☐
7.	Has a health-care provider advised you to avoid, limit, or medically supervise physical activity?	☐	☐
8.	Is there any other symptom, condition, limitation, or concern Prolific Training should know before you participate?	☐	☐

IF YOU ANSWERED YES, EXPLAIN AND LIST CURRENT RESTRICTIONS OR PROVIDER INSTRUCTIONS

PARTICIPATION TERMS

03 VOLUNTARY PARTICIPATION AND PROGRAM SCOPE

I voluntarily choose to participate in personal training, physical assessments, strength and resistance exercise, cardiovascular exercise, flexibility and mobility work, balance activities, and related fitness instruction provided by Prolific Training and Erick Jones. I understand that the program will be adapted to information I provide, my current abilities, and observed responses, but no exercise program can be guaranteed risk-free or guaranteed to produce a particular result.

04 ASSUMPTION OF INHERENT RISKS

I understand that exercise involves known and unknown risks, including muscle soreness, strains, sprains, falls, loss of balance, aggravation of an existing condition, equipment-related injury, abnormal blood pressure or heart rhythm, fainting, heart attack, stroke, permanent disability, and, in rare cases, death. Risks may arise from my health, my actions or inaction, the actions of others, equipment, facilities, environmental conditions, or instruction and supervision. I knowingly and voluntarily accept the inherent risks of participation.

05 CLIENT RESPONSIBILITIES AND HEALTH CHANGES

I agree to provide complete and accurate information, follow reasonable safety instructions, use equipment only as directed, and immediately report pain, dizziness, shortness of breath, faintness, unusual fatigue, loss of balance, or other concerning symptoms. I will stop an activity when I believe it is unsafe. I will promptly disclose any new diagnosis, medication, injury, pregnancy, surgery, hospitalization, provider restriction, or material change in health. I understand Prolific Training may pause training and request medical clearance when appropriate.

06 PROFESSIONAL SCOPE AND MEDICAL CARE

I understand that Prolific Training provides fitness coaching, not medical diagnosis, treatment, physical therapy, rehabilitation, nutrition therapy, or emergency medical care. Exercise modifications are not medical treatment and do not replace advice from a qualified health-care professional. I am responsible for obtaining and following medical advice and clearance when indicated.

07 RELEASE AND WAIVER OF LIABILITY

TO THE FULLEST EXTENT PERMITTED BY APPLICABLE LAW, I RELEASE AND HOLD HARMLESS PROLIFIC TRAINING, ERICK JONES, AND THEIR OWNERS, EMPLOYEES, CONTRACTORS, AGENTS, REPRESENTATIVES, SUCCESSORS, AND ASSIGNS FROM CLAIMS, DEMANDS, DAMAGES, LOSSES, OR CAUSES OF ACTION ARISING FROM MY PARTICIPATION, INCLUDING CLAIMS BASED ON ORDINARY NEGLIGENCE. THIS RELEASE DOES NOT APPLY TO CONDUCT THAT CANNOT LAWFULLY BE WAIVED, INCLUDING GROSS NEGLIGENCE, RECKLESSNESS, OR INTENTIONAL MISCONDUCT WHERE PROHIBITED BY LAW.

08 EMERGENCY RESPONSE AUTHORIZATION

If I become ill or injured and cannot direct my own care, I authorize Prolific Training to contact emergency services and my emergency contact. I understand that Prolific Training is not obligated to provide medical care and that I am responsible for costs of emergency response, transportation, evaluation, and treatment.

PARTICIPANT INITIALS - CONFIRMS SECTIONS 03 THROUGH 08 WERE READ

FINAL ACKNOWLEDGMENTS

09 PARTICIPANT ACKNOWLEDGMENTS

INITIALS

Voluntary choice
I am participating voluntarily, I have had the opportunity to ask questions, and I may decline or stop any activity.

INITIALS

Accurate information
The health and contact information I provided is complete and accurate to the best of my knowledge.

INITIALS

Medical clearance
I understand that Prolific Training may require written health-care-provider clearance before training begins or resumes.

INITIALS

No guarantee
I understand that outcomes depend on many factors and that no specific result, pain reduction, or medical improvement is promised.

INITIALS

Copy and understanding
I have read all four pages, understand that this agreement affects legal rights, and may request a copy.

10 OPTIONAL PHOTO AND TESTIMONIAL PERMISSION

Choose one. Your decision is voluntary, is not required to receive training, and may be changed prospectively by written notice. Prolific Training will not publish private medical information.

☐ YES - Prolific Training may use approved photos, video, and testimonial statements for marketing.

☐ NO - I do not authorize marketing use of my image, video, or testimonial statements.

11 LEGAL TERMS

If any part of this agreement is found unenforceable, the remaining provisions will continue to the extent allowed by law. This agreement is governed by the laws of the state written below. No verbal statement changes this agreement. Any change must be in writing and signed. This agreement should be reviewed at least annually and whenever the participant's health or training circumstances materially change.

STATE WHOSE LAW GOVERNS	EFFECTIVE DATE	REVIEW BY

NEXT: REVIEW AND SIGN PAGE 4

Do not sign until you have read all pages, completed the health disclosure, and received answers to your questions. Keep a completed copy for your records.

SIGNATURES & TRAINER REVIEW

12 PARTICIPANT SIGNATURE

BY SIGNING, I CONFIRM THAT I HAVE READ AND UNDERSTAND ALL FOUR PAGES.

PARTICIPANT SIGNATURE - TYPE OR SIGN AFTER PRINTING

DATE

PARTICIPANT PRINTED NAME

AGE

IF PARTICIPANT IS UNDER 18

PARENT OR LEGAL GUARDIAN SIGNATURE

DATE

PARENT OR GUARDIAN PRINTED NAME

RELATIONSHIP TO PARTICIPANT

13 PROLIFIC TRAINING USE

TRAINER NAME

CONSULTATION DATE

☐ Clearance required ☐ Received

NOTES, RESTRICTIONS, AND FOLLOW-UP