



RC Conditioning, LLC dba Kettlebell Korner
Robin Campbell, ACSM Certified Trainer, SFG II, RRCA

Waiver of Liability & Informed Consent to Engage in Personal Training Regimen

I, _____ understand the potential risks involved in participating in a rigorous physical exercise program.

I also understand the potential benefits involved with a physical exercise program.

I have been informed that during my participation in the above described personal fitness training program, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At this point, I have been advised that it is my complete right to decrease or stop exercise and that it is my obligation to inform the personal fitness training program personnel of my symptoms, should any develop.

I understand that during the performance of exercise, a personal fitness trainer will periodically monitor my performance and, perhaps assess my feelings of effort for the purposes of monitoring my progress. I also understand that the personal fitness trainer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

I also understand that during the performance of my personal fitness training program physical touching and positioning of my body may be necessary to assess my muscular and bodily reactions to specific exercises, as well as to ensure that I am using proper technique and body alignment. I expressly consent to the physical contact for the stated reasons above.

I assume the responsibility and risks as explained to me. I understand that participating in an exercise program may include, but not be limited to, serious bodily injury, heart attack, stroke, or even death. I freely and knowingly assume the risk in such programs, and I hereby waive any right, claim, or cause of action against RC Conditioning, LLC dba Kettlebell Korner, and Robin Campbell (trainer) and release her from any liability for any injury, cost, damage expense or claim, which I or anyone on my behalf might incur as a direct or indirect result of my participation in this cardiovascular and resistance-training program.

I have read this Liability Waiver form, understand and agree with each of the foregoing points, and have received a copy of this release form on this date.

I consent voluntarily to participate in an exercise program based on the information provided to me.

Print Name: _____

Client Signature: _____

Email: _____