

## CLIENT LIABILITY WAIVER

I hereby acknowledge that I have submitted to a thorough physical examination by a licensed physician.

I hereby acknowledge that I exclude Patricia Dorton from all liability for sickness and or injury that I incur while following the personal training program or any other type of exercise program.

I am aware to give a 24-48 hour cancellation notice of my appointment.

I am aware my sessions run from 20-25 min. If I am late it is considered part of my session.

I Understand and agree to all of the above.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Weight:

Height: