

Client Agreement of Consent

I agree to participate in the exercise program offered by Andrea Green, Independent Contractor. I understand that there are inherent risks in participating in a program of strenuous exercise. Consequently, I have clearance from my physician to participate in this fitness program.

I agree that Andrea Green shall not be liable or responsible for any injuries to me resulting from my participation in the fitness program and I expressly release Andrea Green from all claims, actions, or judgments I have as a result of any injury or other damages that might occur in relation to my participation in the fitness program.

I agree that I am not obligated to perform or participate in any activity that I do not wish to do and it is my right to refuse participation at any time. I understand that if I should feel light-headed, dizzy, nauseated, or experience pain, I am to stop the activity and inform Andrea.

I understand that during my training session, Andrea might need to touch me in order to make a correction or to guide my training. I will inform Andrea if I am not comfortable with this type of contact.

I understand that nutrition and nutritional supplements are my own responsibility.

Andrea offers training in increments of 30 minutes. Agreed payment for services shall be rendered before any session. I must re-schedule or cancel any appointment with 24 hours notice.

I have read this Client Agreement of Consent and agree with all of its terms. I sign the agreement voluntarily and with full knowledge of its terms.

Printed Name: _____

Signed Name: _____

Date: _____