TIFFANY CHAG
NUTRITION & TRAINING

WAIVER OF LIABILITY AND INFORMED CONSENT

I wish to participate in an exercise program with Tiffany Chag and Tiffany Chag Nutrition Training, LLC. I understand that the purpose of the exercise program is to develop and maintain cardiorespiratory fitness, body composition, flexibility, and muscular strength and endurance. I understand that the exercise program may include such activities as postural education, instruction in body mechanics, strengthening exercises, stretching and mobility work, and cardiovascular exercise. I understand that the reaction of the cardiorespiratory system to such activities cannot be predicted with complete accuracy. I understand that there exists the remote possibility during exercise of adverse changes including abnormalities of blood pressure, fainting, disorders of heart rhythm, and very rare instances of heart attack or even death.

I am aware that any exercise program may involve potential risks of injury. I am voluntarily participating in these activities and with or without the use of gym equipment with knowledge of the dangers involved, such as, but not limited to muscle, joint, and bone injury. I do hereby state that I am in good physical condition and do not suffer from any condition or impairment that would prevent or substantially limit my participation in an exercise program.

I hereby release and discharge Tiffany Chag and Tiffany Chag Nutrition Training, LLC, and agree to hold harmless all individuals from claims, damages, liabilities, loss, costs, and expenses, including attorney's fees, arising out of my participation in any of the exercise program's activities or use of equipment.

I hereby affirm that I have read and fully understand this form, have had all of my questions answered, and give my informed consent to participate in an exercise program.

Client Name (print): _____

Client Signature (Parent/Guardian if under age 18): _____ Date: _____

PAR-Q: Physical Activity Readiness Questionnaire

YES	NO	
☐	☐	1. Has your doctor ever said you have a heart condition and that you should only do physical activity recommended by a doctor?
☐	☐	2. Do you feel pain in your chest when you do physical activity?
☐	☐	3. In the past month, have you had chest pain when you were not doing physical activity?
☐	☐	4. Do you lose your balance because of dizziness, or do you ever lose consciousness?
☐	☐	5. Do you have a bone or joint problem that could be made worse by change in your physical activity level?
☐	☐	6. Is your doctor currently prescribing drugs for your blood pressure or heart condition?
☐	☐	7. Do you know of any other reason why you should not do physical activity?

If you answered yes to one or more questions, talk with your doctor BEFORE you start becoming much more physically active.

Client Signature: _____ Date: _____

TRAINING POLICIES:

- 24-hour cancellation policy: Sessions cancelled within this time period will be charged.
- Sessions and training packages must be paid in full prior to starting a session.
- Packages purchased are nonrefundable and sessions expire after 6-months.