

LILIAN HOLM WELLNESS
PHYSICAL THERAPY AND WELLNESS COACHING

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INFORMED CONSENT FOR PERSONAL TRAINING

I understand that Personal Exercise Training is a service that is provided in order to improve various aspects of physical function and fitness in a healthy person. Personal training does not include or imply diagnosis or treatment of any illness or condition. I agree to seek diagnosis and treatment for any health condition I may experience with the appropriate healthcare professional. I understand that Lilian Holm is acting in the role of a personal exercise trainer, not as a physical therapist or other healthcare provider, when providing exercise training to me. I understand that the response to exercise varies from person to person; hence it is not possible to accurately predict my response to a specific exercise or exercise protocol. Lilian Holm does not guarantee what my reaction will be to personal exercise training. I understand that in order for exercises to have a positive effect they must be performed on a regular basis, as recommended. Furthermore, I understand and accept that there is a possibility that exercise may result in aggravation of existing symptoms, or may cause pain or new injury. By signing this form I agree to not hold Lilian Holm responsible for such perceived or real injury or aggravation. I agree to assume all responsibility, financial and otherwise for the outcome of the personal exercise training. It is my right and responsibility to decline, and I agree to decline to, any exercise at any time, should I feel any discomfort or pain, or have other unresolved concerns. I agree to let Lilian Holm know immediately should I feel any pain or other type of discomfort, and to stop performing any exercise that provokes any such symptoms. I understand that I will be instructed in exercises that I will be performing on my own, and I agree to assume all risk, financial and otherwise, for the outcome of said exercise. I agree to ask questions to clarify any questions I may have.

I have read this consent form and fully understand and accept the potential risks involved in exercise.

Client name: _____ Signature: _____ Date: _____

