

At Your Side Private Exercise -Client release to exercise

Client Agreement

Health- I am over the age of eighteen and to the best of my knowledge I am Healthy and agree to follow all safety protocol set forth by At Your Side and it's owner Lesley Goldberg

I understand the potential risks and benefits of exercise as stated below.

I understand that injuries can be unrelated to the instruction or equipment.

Accidents/Injury- I agree that all exercise and the use of this fitness facility are undertaken by me at my own risk and that Lesley Goldberg shall not be liable for any claims of injuries or damages whatsoever, arising out of or connected with the use of At Your Side Private Exercise.

I agree to not hold At Your Side Private Exercise, inc. responsible for any claims or negligence.

***Cancellations -** I agree to honor the cancellation policy agreed upon between me and my trainer.

Objectives and Procedures -I understand that this physical fitness program may include exercises to build up the cardio respiratory system, musculoskeletal system, and to improve body composition (decrease body fat and increase muscle mass and improve bone density). Exercise may include aerobic activities (treadmill walking/ running, bicycling, stair climbing, etc.), calisthenics, and weight lifting to improve muscular strength and endurance, as well as stretching to improve flexibility and joint range of motion.

Potential Risks-I understand that the reaction of the heart, lung, and blood vessel system to such exercise cannot always be predicted with accuracy. I know that there is a risk of certain abnormal changes occurring during the following exercise, which may include abnormalities of blood pressure, blood sugar levels, or heart rate, and in rare instances, heart function. Use of weights, and engaging in heavy calisthenics can lead to musculoskeletal strains, sprains, pain, and soreness. An adequate warm-up, gradual progression, and adherence to all safety procedures are mandatory. Your trainer must be present at all times to supervise your session to minimize risk of any such injury.

Equipment is inspected and maintained regularly.

Potential Benefits- I understand that a program of regular exercise may include decrease in body fat, improvement in blood lipids and pressure, improvements in stress management, decrease of heart disease and boosts in immunity.

I have read the foregoing information and understand all benefits and risks involved in exercising here at At Your Side. Any questions that I have asked have been answered to my satisfaction and I am free to withdraw from this program at any time. I am free to deny and answers to specific items or questions during the consultation or when filling out informational questionnaires. All information, which is obtained either during an exercise or outside the gym, will be treated as privileged and confidential and will not be released to any other person other than my physician without my written consent. *Client's signature*

Print name and date

Check Box -I am consenting to allow my trainer _____ to break physical distancing of 6 feet to touch, stretch, spot, massage or correct my form.