

FITNESS COACHING AGREEMENT & LIABILITY WAIVER

Client Full Name:

Date:

1. Acknowledgment of Risk

I understand that participation in fitness training, exercise programs, and nutrition guidance involves inherent risks including, but not limited to:

- Muscle soreness
- Strains or sprains
- Dizziness
- Abnormal blood pressure
- Heart complications
- Serious injury or death

I voluntarily assume all risks associated with participation.

I confirm that:

- I am physically able to participate in exercise.
- I have disclosed all medical conditions, injuries, and medications.
- I understand that I should consult a physician before beginning any exercise

program.

If I have any medical condition, I confirm I have received medical clearance.

I understand that the Coach is not a licensed medical professional (unless otherwise stated). All guidance provided is for educational and informational purposes only and is not medical advice.

I understand that results vary based on effort, consistency, genetics, and lifestyle. No specific results are guaranteed.

I agree to:

- Communicate honestly about pain or discomfort
- Follow instructions responsibly
- Not perform exercises beyond my physical limits
- Inform the Coach of any changes in health status

I hereby release and hold harmless:

[Taylor Haun Confident Mind Confident Body]

From any and all liability, claims, demands, damages, or causes of action arising from participation in coaching services.

All payments are due prior to program start.

Coaching fees are non-refundable.

Missed sessions without 24-hour notice may not be rescheduled.

By signing below, I confirm that I have read, understood, and agree to all terms listed above.

Client Signature:

Date:

Coach Signature:

Date: