Gaia Rain Wellness

Personal Training & Fitness Services
Liability Waiver and Assumption of Risk

Client Information

Name: _____
Date of Birth: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Emergency Contact (Name, Relationship, Phone):
_____

Health Information
Do you have any medical conditions, injuries, or physical limitations that may affect your ability to participate in exercise? ■ Yes ■ No
If yes, explain:
_____

I understand that it is my responsibility to disclose any medical conditions, injuries, medications, or physical limitations that could affect my participation in exercise. I agree to promptly inform Gaia Rain Wellness of any changes in my health before or during my training program.

Assumption of Risk
I understand that participation in personal training, fitness instruction, strength training, corrective exercise, group fitness activities, and other wellness-related services involves inherent risks including muscle soreness, sprains, strains, falls, elevated heart rate and blood pressure, aggravation of pre-existing conditions, serious injury, or in rare cases death. I voluntarily choose to participate and knowingly accept these risks.

Medical Clearance
I understand that Gaia Rain Wellness does not provide medical care, diagnose medical conditions, prescribe treatment, or provide physical therapy. I understand that it is my responsibility to consult with my physician or other qualified healthcare provider before beginning any exercise or wellness program.

Release of Liability
To the fullest extent permitted by Missouri law, I voluntarily release and hold harmless Gaia Rain Wellness, its owner, employees, contractors, and representatives from liability for injuries, damages, or losses arising from my voluntary participation in fitness or wellness services, except where prohibited by law or caused by gross negligence or intentional misconduct. I understand that no exercise program can eliminate all risk and that I remain responsible for exercising within my personal limits and promptly informing my trainer if I experience pain, dizziness, shortness of breath, or other concerning symptoms.

Client Responsibilities
• Provide accurate health information.
• Follow trainer instructions.
• Exercise within my abilities.
• Report pain, discomfort, dizziness, or injury immediately.
• Ask questions whenever instructions are unclear.

Photography (Optional)
■ I give permission for Gaia Rain Wellness to use photographs or videos of me for educational or promotional purposes.
■ I do NOT give permission.

Acknowledgment
I have carefully read this Liability Waiver and Assumption of Risk, understand its contents, and voluntarily agree to its terms.

Client Name (Print): _____
Signature: _____ Date: ____/____/_____

Parent/Guardian Consent (Participants Under 18)
Parent/Guardian Name: _____
Signature: _____ Date: ____/____/_____