

## Cherry Rock Lifestyle Consent Form

Thank you for choosing to take advantage of one of the Cherry Rock Lifestyle personal training services. I have a variety of services designed to meet your individual needs. You may choose from any of the session packages, or you may decide that a single fitness assessment, nutritional consultation, or lifestyle consult would suit your needs. Details of these options can be found online at [cherryrocklifestyle.ca](http://cherryrocklifestyle.ca), in my brochure, or by contacting me at 403-360-9337 or [sportswoman.csm@gmail.com](mailto:sportswoman.csm@gmail.com). Please read and sign this form, and bring it to our first session. See you soon!

### Informed Consent

I, \_\_\_\_\_ **declare** that I intend to use some or all of the activities, facilities, programs and services (herein after called "Activities") offered by Cherry Rock Lifestyle.

**I understand** that different people have different capacities for participating in the various Activities offered with Cherry Rock Lifestyle. I assume full responsibility during and after my participation in such Activities and for my choices to use or apply at my own risk, any portion of the instruction or guidance that I receive while participating in these Activities.

**I understand** that the risk involved in undertaking any of the Activities is related to my own state of fitness or health, and the awareness, care and skill with which I conduct myself in any of the Activities of Cherry Rock Lifestyle. I also understand that I am free to withdraw from, reduce, or modify my involvement in any of the Activities and I realize that I should do so on recognition of any signs of physical discomfort.

**I further understand** that the possible risks involved in participation in these Activities may include muscle, tendon, ligament, bone, and joint soreness; muscle, tendon, and ligaments strain, tear or rip; bruising; death; skin laceration; tears, cuts or puncture; shortness of breath, dizziness, fainting or unconsciousness; tightness in chest; bone breaks, discoloration, separation or fracture; fatigue; sweating; eye punctures; heart attack or stroke; aggravation of an existing or past injury; discomfort or problems with any other injury; discomfort or physical problems associated with physical activity, and many other forms of physical discomfort.

**I have read the above list of possible risks associated with my participation in the Activities offered by Cherry Rock Lifestyle.**  
\_\_\_\_\_ (Initial)

**I consent to taking all of the above noted risks by VOLUNTARILY PARTICIPATING in the Activities of Cherry Rock Lifestyle.**  
\_\_\_\_\_ (Initial)

## Cancellation Policy

Notice of 24 hours required for any changes to the day or time of the appointment you have booked and paid for. Appointments cancelled without 24-hour notice will not be rescheduled or refunded. **I declare that I have read, understand and agree to the contents of the 24-HOUR CANCELLATION POLICY and the INFORMED CONSENT AGREEMENT in its entirety.**

*Please note the package(s) purchased will expire 1 year from the date that it is purchased.*

Client (Print Name): \_\_\_\_\_

Witness (Print Name): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

*See Waiver on next Page >*



## Waiver

This document is a release of claims, and by signing below you assume the risk of, and release and hold Cherry Rock Lifestyle &/or Cheris Samuels-Murdoch harmless from any liability of participating in such programs of performing such exercise routines or engaging in such other strenuous physical activity and agree that the CHERRY ROCK LIFESTYLE and CHERIS SAMUELS-MURDOCH SHALL NOT HAVE ANY LIABILITY OR RESPONSIBILITY FOR ANY SUCH INJURY OR HARM TO YOU.

Client (Print Name): \_\_\_\_\_

Witness (Print Name): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian (if under the age of majority): \_\_\_\_\_

### FOR OFFICE USE ONLY

Type of Package: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Transaction #: \_\_\_\_\_ Staff Initials: \_\_\_\_\_