

PERSONAL TRAINER: VANESSA WENTZEL

Permission of Disclosure and Indemnity Waiver

the undersigned, have opted NOT to partake in either part or all of the assessment protocols of VANESSA WENTZEL at my own risk, indemnify VANESSA WENTZEL against any claim, no matter how arising, which may result from my participation or association in subsequent exercise programmes prescribed by VANESSA WENTZEL .

Initial if applicable:

the undersigned, hereby confirm that due to the information I provided on my P.A.R.Q, VANESSA WENTZEL advised that I seek medical clearance before beginning physical activity. I have opted NOT to seek medical clearance at my own risk, and hereby indemnify VANESSA WENTZEL against any claim, no matter how arising, which may result from my participation or association in subsequent exercise programmes prescribed by VANESSA WENTZEL .

Initial if applicable:

the undersigned, will participate in the assessment protocols and subsequent exercise programmes of PERSONAL TRAINER: VANESSA WENTZEL at my own risk, and hereby indemnify VANESSA WENTZEL against any claim, no matter how arising, which may result from my participation or association in subsequent exercise programmes prescribed by VANESSA WENTZEL .

Initial if applicable:

the undersigned, also confirm that I have disclosed all medical history and information as could be deemed relevant to my participation in subsequent exercise programmes.

the undersigned, understand that the results of my assessment will remain confidential, and never be sold for profit or gain, but may be used to aggregate form for scientific research purposes.

Initial if applicable:

Booking cancellation policy

has been explained to me, and I understand and agree, that in order for VANESSA WENTZEL to offer myself and others a professional service, a 24 hours notice of cancellation must be given. Cancellations made by me cannot be caught up or carried over.

I also understand that this is not always possible to provide twenty four (24) hours notice, for example, in the case of sudden or unexpected illness.

Initial:

Guarantee

To demonstrate a total commitment to professionalism:

VANESSA WENTZEL would like to confirm that should she be unavailable for a session, an alternative training time will be made available.

Trainer name: VANESSA WENTZEL

Signature:

Date:

Client name: CLIENT:

Signature:

Date: