



**I CAN Client Agreement**

Participant Name: \_\_\_\_\_ KeyTag#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_

In consideration of my being able to participate in the "I CAN" Challenge, I understand that if I purchase a single or multiple discounted training packages, all sessions must be used within the I CAN challenge. All unused sessions will expire once the I Can Challenge is complete. I agree to and sign this agreement where I assume the risks for participation, waiver of liability, while participating in this challenge. I also understand and agree that the Coach/Personal Trainer is not a Nutritionist; I knowingly understand that any food guidelines are just that "guidelines" that may assist me in obtaining my goal, and not a guarantee. I understand that the Coach may not be aware of food allergies that I may encounter in this program. I knowingly understand that the Coach is not a Nutritionist and cannot replace the advice and expertise of a Nutritionist. **I AGREE AND UNDERSTAND. INITIAL HERE\_\_\_\_\_.**

I will complete any and all Questionnaires and waivers to the best of my knowledge and will disclose any health history accurately and completely including disclosure of any prescribed medications I am taking and any exercise or diet limitations I am aware of or have been informed of by my doctor. I acknowledge that I have either had a physical exam and have been given my physician's permission to participate or I have decided to participate without approval of my physician. During this challenge, if any of my medications, condition, or medical limitations should change, I will notify the Coach. I understand that a Coach will review all Questionnaires and any other health history forms, I acknowledge that a Coach is not a physician and cannot replace the advice and expertise of a physician. **I AGREE AND UNDERSTAND. INITIAL HERE\_\_\_\_\_.**

I understand that exercise involves certain risks, including but not limited to, serious neck and spinal injuries resulting in complete or partial paralysis, heart attack, stroke or even death. Also, injuries could occur to bones, joints or muscles. Slips, falls, and unintended loss of balance could result in muscular, neurological, orthopedic or other bodily injury. I understand that part of the risk involved in undertaking any activity or program is relative to my own state of fitness or health (physical, mental, or emotional) and to the awareness, care and skill which I conduct myself in that activity or program. **I AGREE AND UNDERSTAND. INITIAL HERE\_\_\_\_\_.**

Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries are a possibility, I hereby expressly assume all of the delineated risks of injury, all other possible risk of injury, and even risk of possible death, which could occur by reason of my participation. **I AGREE AND UNDERSTAND. INITIAL HERE\_\_\_\_\_.**

I do hereby waive, release and forever discharge to Iron Works Health Club/CSM, LLC, and all employees associated with this Program from any and all responsibilities or liability for any present and future medical issues, injuries or damages resulting or arising from my participation in any activities in the program, including but not limited to nutritional advice, exercise, personal training or use of the equipment including any injuries and damages caused by the negligent act or omission of any of those persons or entities mentioned above. **I AGREE AND UNDERSTAND. INITIAL HERE\_\_\_\_\_.**

I declare that I have read, understand and agree to the contents of this I CAN Challenge Agreement in its entirety. I understand that the Iron Works Health Club Assumption of Risk and Waiver of Liability are intended to be as broad and inclusive as permitted by the State of Texas.

Agreed by Signature: \_\_\_\_\_ Date: \_\_\_\_\_