PERSONAL TRAINING

Client Agreement & Consent Form

I, _____, agree to participate in personal training and nutrition coaching services provided by Body By Vina LLC, a professional personal training and nutrition coaching company. I acknowledge that participating in fitness and nutrition programs involves certain inherent risks, and I voluntarily assume full responsibility for any such risks.

Services Provided

I understand that Body By Vina LLC offers services including, but not limited to:

- Fitness assessments
- Customized exercise programs
- Nutritional guidance
- Lifestyle and wellness recommendations

These services are designed to help me achieve my fitness goals and improve my overall health and well-being.

Responsibility for Disclosure

I acknowledge that it is my responsibility to inform Body By Vina LLC of any medical conditions, injuries, or physical limitations that may affect my ability to safely participate in training sessions. I agree to provide accurate and complete information about my health and fitness goals to support a safe and effective training experience.

Acknowledgment of Risks

I understand that while Body By Vina LLC aims to provide safe and effective training, there are risks inherent to physical activity. I agree to follow all exercise, nutrition, and wellness recommendations provided by Body By Vina LLC to the best of my ability. I will immediately notify Body By Vina LLC of any pain, discomfort, or concerns that arise during sessions.

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Results and Effort

I understand that achieving results depends on my individual effort, consistency, and adherence to the program. Body By Vina LLC does not guarantee specific outcomes, as results may vary from person to person.

Medical Disclaimer

I acknowledge that the services provided by Body By Vina LLC are not a substitute for professional medical advice, diagnosis, or treatment. If I have any concerns about my health or fitness, I agree to consult with a healthcare provider before beginning any new exercise or nutrition program.

Consent to Participate

I have read, understood, and agree to the terms outlined in this agreement. By signing below, I confirm that I am voluntarily participating in the services provided by Body By Vina LLC and accept full responsibility for any risks involved.

Client Signature: _____ Date: _____
Trainer Signature: _____ Date: _____

Body By Vina LLC
Certified Personal Trainer
Certified Nutrition Coach