



**Campus Recreation**  
**Fitness Assessment & Personal Training Liability Waiver**

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I agree to allow the UTSA Fitness & Wellness Staff to assess my level of fitness and/or design an exercise program for me to enhance my health & fitness goals. I have discussed my health and fitness goals with them and have provided them all relevant and necessary information about myself, including my health and physical well-being, to allow them to accurately assess my level of fitness and develop a safe and effective program for me.

I understand that in developing an exercise program for me, UTSA Fitness & Wellness Staff are not guaranteeing any specific results.

I understand that changes in my physical activity may affect my physical well-being. I accept all risk to my health, including injury or death, that may result from my participation in this Fitness Assessment and/or the program designed. I hereby release UTSA, its governing board, officers, representatives, employees and agents, from any and all liability for any and all claims and causes of action for loss of or damage to my property and for any and all illness and injury to my person, including my death, that may occur as a result of my participation in this Fitness Assessment and/or the program designed.

I further agree to indemnify and hold harmless UTSA, its governing board, officers, representatives, employees and agents from liability for the injury or death of any person(s) and damage to property that may arise, in whole or in part, from my negligent or intentional act or omission while participating in this Fitness Assessment and/or the program designed, whether CONTRIBUTED TO OR CAUSED BY ANY negligence of UTSA, its governing board, officers, employees or representatives, or otherwise.

I understand that this exercise program does not replace the expert advice or medical treatment of my own private doctor. I acknowledge that the Fitness & Wellness Staff are not medical doctors. I understand that their assessment of my physical well-being and the program they develop for me will be based upon the information I provide to them. I have given the Fitness & Wellness Staff all necessary information about myself to prevent any possible complications.

Participant Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_