



Susan@SusanPhD.com
770.312.2283

personal information:

date: _____

first name: _____ *last name:* _____

address: _____

cell phone: _____ *home phone:* _____

email address: _____

general fitness goals:

informed consent:

By signing this document, I acknowledge that I have voluntarily chosen to participate in personal training exercise with Susan Rudnicki, Ph.D. The benefits of this program can be many, including enhanced cardiovascular functioning and muscle tone and development, stronger bone density, weight loss, and enhanced body image and mood. As with any program, there may be risks due to the strenuous and rigorous nature of the exercises. These risks may include, but are not limited to, abnormal blood pressure, fainting, heart attack, muscle strain, broken bones, or possibly death. By signing this document, I understand and assume responsibility for these risks and will not hold Susan Rudnicki, Ph.D. accountable or responsible for such unforeseen problems.

In addition, I understand that, although Susan Rudnicki, Ph.D. is a licensed psychologist, any discussions, advice, or feedback provided during personal training sessions are not considered as psychotherapy.

signature

date