

# Mind & Body

by Robbie S. Cutler, MS LMHC, NASM CPT

850-913-8313



## Personal Information:

date: \_\_\_\_\_

first name: \_\_\_\_\_ last name: \_\_\_\_\_

address: \_\_\_\_\_

cell phone: \_\_\_\_\_ home phone: \_\_\_\_\_

email address: \_\_\_\_\_

general fitness goals:

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## Informed Consent:

By signing this document, I acknowledge that I have voluntarily chosen to participate in personal training exercise with Robbie S. Cutler, MS LMHC, NASM CPT. 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 Robbie S. Cutler, MS LMHC, NASM CPT accountable or responsible for such unforeseen problems. In addition, I understand that, although Robbie S. Cutler, MS LMHC, NASM CPT is a licensed mental health counselor, any discussions, advice, or feedback provided during personal training sessions are not considered as mental health counseling/therapy.

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Signature

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Date