



Exercising with a Back Problem

In terms of participating in an exercise programme under the supervision of a personal trainer, I acknowledge that:

I fully understand that due to my back problem there is an increased risk of a medical event occurring as a result of participating in physical activity, although over the longer term my health is likely to benefit.

My doctor/physiotherapist/chiropractor/osteopath has advised me to engage in the type of activity being recommended.

I am fully aware of my limitations and have been participating in activities similar to those being suggested without any medical complications occurring.

I have read and agree to the above statements.

Signed: _____

Name: _____

Date: _____

Signed By Trainer: _____

Printed: _____

Date: _____