PsycoFit

Participant acknowledgment

PsycoFit home, gym and free workouts

Please read and sign before receiving your program. Return the signed form privately to Esther using the contact link provided on the PsycoFit website.

About the workout

I understand this is a general, self-directed exercise program. Esther will not be supervising my workouts or assessing my individual fitness, technique, or equipment setup.

My participation

I understand exercise involves risks, including injury. I will choose weights and movements appropriate for me, follow equipment instructions, and ask qualified gym staff for help with unfamiliar equipment. I will stop if I feel pain, dizziness, or otherwise unwell. If I am unsure whether the program is suitable for me, I will seek individual advice before starting.

My acknowledgment

By signing, I confirm that I have read and understood this information and choose to participate. This acknowledgment does not limit my statutory rights.

Workout or program name _____

Participant name _____

Signature _____

Date _____

Payment reference (paid programs only) _____