ROY PUERTO FITNESS

Confidentiality Agreement

PLEASE READ THE BELOW STATEMENT AND SIGN WHERE INDICATED.

I, _____ understand that the information collected by Roy Puerto Fitness will be used for fitness evaluation purposes and for the design, implementation, progression, and maintenance of an individualized fitness program only. I further understand that all such information is confidential and will not be shared with anyone without my prior written authorization, except in the case of a medical emergency or to the minimum extent necessary to achieve a safe and effective fitness program.

NAME: _____

SIGNATURE: _____ DATE: _____

SIGNATURE OF PARENT: _____ WITNESS: _____
or GUARDIAN (for participants under the age of majority)