

INFORMED CONSENT & WAIVER

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive physical exercise that can enhance musculoskeletal and cardio respiratory systems. I acknowledge being informed of the possible strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, fainting, heart attack or death. I acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program.

I willingly assume all risk for my health and well-being and hold harmless of any responsibility, the instructor or any persons involved with this program and testing procedures. I understand that questions about exercise procedures and recommendations are encouraged and welcomed.

_____ I will notify you if there are any changes to my medical history.

_____ signature

_____ date

_____ emergency contact name

_____ telephone

All About You....

_____ first name

_____ last name

_____ EMAIL

_____ address

_____ city, state, zip

_____ home telephone

_____ cell telephone

_____ birthday