



Personal Information:

Name: _____

Date of Birth: ____ / ____ / ____

Address: _____

Phone: _____

City/State/Zip: _____

Emergency Contact Person: _____

Emergency phone: _____

Relationship to emergency contact: _____

Email: _____

Liability Waiver:

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in physical activity.

Having such knowledge, I hereby release Julie Westenfelder, Sheila Watson, and David Anders from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

Signature: _____

Date: ____ / ____ / ____