



WAIVER

I _____ acknowledge that, by signing this document, I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I fully understand that the program may be strenuous and choose to participate completely voluntarily. I accept all responsibility for my health and any resultant injury or mishap that may affect my well being or health in any way. I hold harmless of any responsibility, the instructor, facility or any persons involved with this program or testing procedure.

Signature

Date

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