**PERSONAL INFORMATION**

NAME: DOB:

ADDRESS:

EMAIL:

PHONE:

Emergency Contact Person:

Emergency Phone No:

Relationship to contact:

**Liability Waiver:**

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

Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liabilty for accidental injury or illness which I may incur as a result of participating in the said physical acitivity. I hereby assume all risks connected therewith and consent to participate in said programme.

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

**Signature: Date:**