



Training Waiver

By signing this document, 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 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 procedures.

Signature: _____

Date: _____