

**Disclaimer:**

**You must get your physician's approval before beginning this or any exercise program.**

You must consult your physician prior to starting this program or if you have any medical condition or injury that contraindicates physical activity. This program is designed for healthy individuals 18 years and older.

See your physician before starting any exercise and nutrition program. If you are taking any medications, you must talk to your physician before starting. If you experience any lightheadedness, dizziness, or shortness of breath while exercising, stop the movement and consult a physician.

All forms of exercise pose some inherent risk, so always ask for instruction and assistance when unsure of how to perform any motion. If you do not understand completely, and do not feel comfortable performing any motion, do not do them until you have better understanding.

You must have a complete physical examination if you are sedentary, if you have high cholesterol, high blood pressure, or diabetes, if you are overweight, or if you are over 35 years old. Please discuss all nutritional changes with your physician or a registered dietician. If your physician recommends that you don't exercise, follow your doctor's orders.

**Personal Information:**

Name: \_\_\_\_\_ Phone# \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

**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 with TEMPLE FITNESS.

Having such knowledge, I hereby release TEMPLE FITNESS, their owners, representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result or 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.

I release TEMPLE FITNESS from any responsibility for any damaged and/or missing property if any of the exercise programs take place on any property I own or am associated with.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y

Witness: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
M D Y