



44 Main St
Madison NJ

Waiver

By signing this document, I acknowledge that I have been informed of the need to obtain a physician's examination and approval before beginning this exercise program. I fully understand that the program is highly strenuous and choose to participate entirely 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 any responsibility, the instructor, the facility or any persons involved with this program or testing procedures.

Signature

Date

****type name for signature***