

WAIVER

All individuals MUST complete this waiver form BEFORE working out with Allison Walker – Personalized Wellness

I have volunteered to participate in a program of progressive physical exercise. I waive any and all possibility of personal damages that may be blamed upon such a program in the future and accept the full responsibility for requesting such exercise and assistance. I understand the possibility of certain unusual changes during exercise do exist, which include, but not limited to abnormal blood pressure, fainting, disorders of heartbeat, and very rare instances of heart attacks. I hereby acknowledge and accept these risks. To my knowledge, I do not have any limiting physical condition or disability, which would preclude an exercise program. I understand a physical examination should be obtained by all participants prior to involvement in the exercise program.

I _____, have been informed of the need for a physician's approval for participation in a progressive exercise fitness program. I fully understand the strenuous nature of the program and accept complete responsibility for my health and well being in this voluntary exercise / fitness program with Allison Walker – Personalized Wellness.

Emergency Contact: _____

Phone: _____ Relationship: _____

Physician Name: _____

Applicant Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(needed for under 18 years of age)