Return to Form Consent Form

•	rn to Form. I request your understanding and and our safety and health by reading and signing NT AGREEMENT.
included) has a different capacity for	, declare that I intend to participate in rm and I understand that each person (myself participating in such activities, facilities and ut offered can be a risk and I assume all articipation.
my own state of health and physical is conduct myself in that activity. I ack program brings with it the assumption participate in the program. In additional involvement of the program, depending personal trainer that I will report any experiencing.	olved in undertaking physical activity is relative to fitness and the awareness, care and skill with which I nowledge that my choice to participate in this in of risks that may result from my choice to on, I understand that I am free to withdraw from the ing on the agreement made between me and the physical or mental exertion that I may be
·	l, and agree to the contents of this INFORMED
Participant:	Witness:
Date:	Date:

Please note cancellations must be 24 hours in advance or client will still be charged.