



SWAN FAMILY

# WELLNESS CENTER

A MEMBER OF THE FCH HEALTH SYSTEM

## 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.

Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in physical activity. I hereby assume all risks connected therewith and consent to participate in an exercise program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in an exercise program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Personal Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact/Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_