



Small Group Training Participant Waiver



PERSONAL INFORMATION

Name: _____

Telephone: (H) _____ (W/CELL) _____

Date of Birth: _____ Email: _____

1) Have you had any recent injuries or surgeries? Yes or No

If yes, please list: _____

2) Do you have any joint or muscle issues? Yes or No

If yes, please list: _____

EXERCISE HABITS

1) Are you currently exercising? Yes or No

If yes, how often (frequency)? What intensity? _____

WAIVER

I understand that if I experience any pain or discomfort during this session, I will immediately inform the trainer so the weight or cardio equipment may be adjusted to my level of comfort. I understand that participating in any program of exercise, nutrition and lifestyle change has certain risks. I affirm I have stated all my known medical conditions, and answered all questions before embarking on such a program. I also acknowledge that all participants in any program should consult their physician before embarking on such a program. I take full responsibility for my participation in any of these programs and for any claims of injuries or illness that may result from my participation in any of the SGT programs.

The undersigned agrees that all activities shall be undertaken at his/her sole risk, and that the Carole & Marcus Weinstein Jewish Community Center shall not be liable for any injuries, damages or loss of property arising from his/her use of the Center, now or in the future.

Signature: _____ Date: _____