



A.P.E. Shape

Personal Information:

Name: _____ Date of Birth: __/__/__

Address: _____ Phone #: _____

City/State/Zip: _____

Emergency Contact Person: _____

Emergency Phone: _____ Relationship to emergency contact: _____

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 with A.P.E. Shape.

Having such knowledge, I hereby release A.P.E. Shape, their representatives, agents, and successors from liability for accidental injury or illness which i may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

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

Signature: _____ Date: __/__/__

Trainer's Signature: _____ Date: __/__/__