

Health Waiver for Course Participation
Angie Yetzke, LLC page 1

Please print, sign and bring to first session.

Name

Today's Date

Tel.

Email

Name of course

Emergency Contact

Relationship

Tel.

Known medical conditions, Injuries, Health Concerns

I understand...

There is potential risk for injury in any form of physical activity, and I am participating at my own risk with the approval of my healthcare provider. I will alert Angie to any physical injuries or concerns that occur prior to, during or following a class or session. I will not hold Angie Yetzke, LLC or Angie Yetzke responsible for injury or death incurred by exercises learned or practiced while participating in or following participation in her services.

Participant Signature

Date