

SENIOR EXERCISE PROGRAMS WAIVER FORM

I state that I am in proper physical condition for safe participation in the Senior Exercise program, and agree that it is my responsibility to inform the instructor of any change in my physical condition at any time during my participation in this program.

By signing this document, I acknowledge that I have been informed of the need to obtain a physician's examination and approval prior to beginning this exercise program. I am aware that the class instructor may at any time ask for a note from my physician stating that I am fit enough to continue to participate in this class. I accept all responsibility for my health and will not hold First Presbyterian Church, the instructor or any person therein responsible for any injury I may sustain as a result of this activity.

SIGNATURE _____

DATE _____