



TaTuHa Hula, Fire & Cultural Dancers

WAIVER FORM

I _____, the undersigned being aware of my own health and physical condition and having acknowledged that my participation in any exercise program may be injurious to my health. I am voluntarily participating in my physical activities.

Having such knowledge, I hereby acknowledge the release of any representatives, agents and successors from liability for accident, injury or illness which may incur because of participation in the said physical activities.

I hereby assume all risk connected herewith 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.

Print and Sign: _____

Date: _____