

AEROSKI SAFETY FORM

Fit Chick Now LLC

Full Name: _____

Phone Number: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Health Note (optional):

- I have no known conditions that prevent physical activity
- I will inform the instructor of any limitations

Safety Agreement:

I agree to follow all instructions during Aeroski training sessions. I understand the No-Touch Policy and will not touch or adjust the equipment at any time.

Signature: _____

Date: _____