



**Personal Information:**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Emergency phone:** \_\_\_\_\_ **Relationship to emergency contact:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**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 and I'm voluntarily participating in physical activity with Xtreme Mobile Fitness with or without consulting a medical professional.

Having such knowledge, I hereby release Xtreme Mobile Fitness, their representatives, agents, and successors from liability for accidental injury, illness or death which I may incur as a result of participating in the said physical activity with Xtreme Mobile Fitness. 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.

**Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Provided by: Xtreme Mobile Fitness**