



FITNESS

WAIVER

By signing this document provided by Parker's Place LLC, I acknowledge that I have been informed of the need to obtain a physician's examination and approval to begin this exercise program. I fully understand that the program may be strenuous and I choose to participate completely voluntarily. I accept all responsibility for my health and any resulting injury or mishap that may affect my wellbeing or health in any way. I hold harmless of any responsibility, the instructor, facility or any person involved with this program or testing procedures.

Signature

Date