



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Group Reformer/TRX Suspension Training Waiver

Name (please print clearly): _____

Date of Birth: ____/____/____

Phone # () _____

E - Mail: _____

In case of emergency, I would like Sara's YMCA to call:

Name: _____ Relationship: _____

Phone # () _____

Waiver and Release of Liability:

**Morrison Family/Sara's YMCA TRX Suspension Training and Group Reformer Training
9405 Bryant Farms Road
Charlotte, NC 28277**

In signing this release, I acknowledge that I understand its intent, and I for myself, my heirs, executors, administrators and representatives, do hereby agree and will absolve and hold harmless the Morrison/Sara's YMCA and TRX, corporate sponsors, cooperating organizations and any other parties connected with this event in any way together with their respective successors and assigns (the "Sponsors") singly and collectively, from and against any blame and liability for any injury, harm, loss, inconvenience or any other damage of any kind whatsoever, which may result from or be connected in any way to my participation in TRX/Group Reformer classes.

I hereby consent to and permit emergency treatment in the event of injury or illness while participating in TRX/Group Reformer classes. I also hereby give permission to Morrison/Sara's YMCA to use my name and any photograph taken of me during TRX/Group Reformer classes in any promotional materials or publications. Morrison/Sara's YMCA withholds the right to refuse or dismiss anyone that may cause any disturbance or hindrance in any manner which could jeopardize the success of the TRX/Group Reformer programs. I certify that I have read this waiver and release and understand its significance.

Signature of participant: _____ Date: _____



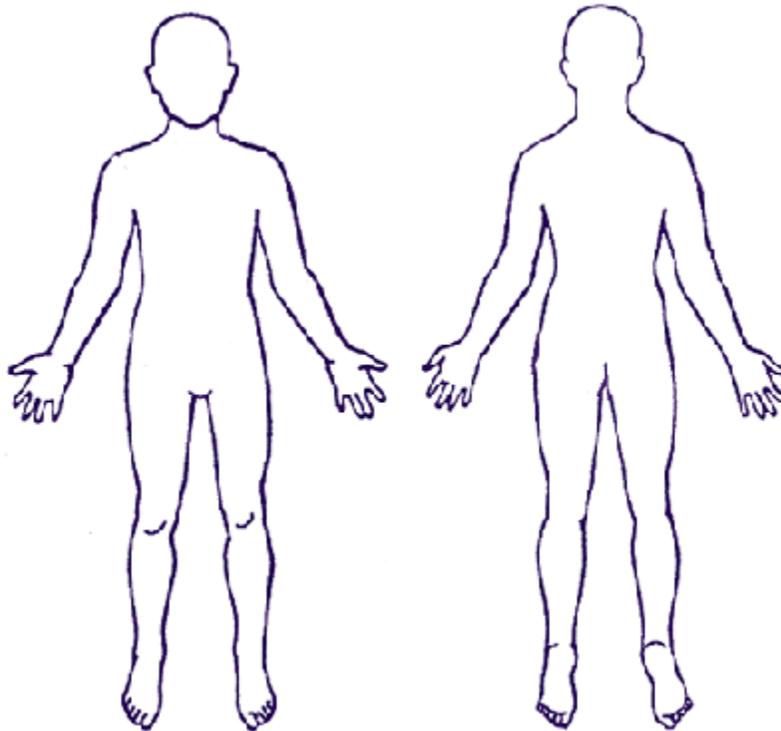
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This confidential form asks you a variety of questions about your medical conditions. Your instructor will use the information to ensure a safe and effective exercise program is modified to meet your individual needs.

Name: _____

Date: ___/___/___

Please indicate any injuries or physical restrictions that your trainer should be aware of. Please describe each injury or physical restriction.



Please list any known medical conditions.

Please list all medications you are currently taking and for what reason you are currently taking them.

Medication	Reason