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Home Phone: Cell Phone: Are there any physical ailments/limitations that may interfere with your training or that we should be aware of? Yes/N Are there any physical ailments/limitations that may interfere with your training or that we should be aware of? Yes/N f Yes, please explain:	Address:											
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liability for any all demands, damages, claims, suits liens and judgments, including costs and attorneys' fees, of whatever nature. I have carefully read this Indemnify, Release, Waiver, and Assumptions of Risk Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will.

Signature	Date:
Office	Use Only
Beginning Date	End Date