



PERSONAL INFORMATION

Name: (please print) _____

Mailing address _____

e-mail address _____

Date of Birth ____/____/____ Phone _____

Emergency Contact name and number _____

Do you have any injuries, illnesses (ie..diabetes, high or low blood pressure, asthma, allergies etc) that we need to know about? **Y / N** _____

We strongly recommend you seek medical approval prior to starting any physical activity.

I hereby state the above information is true and accurate to the best of my knowledge. I acknowledge that my choice to participate in this exercise program is my complete personal responsibility, and such participation is at my own risk. I understand it is my responsibility to report any changes to the information listed above. I understand that if I experience any unusual discomfort and or pain during this program it is my responsibility to inform a representative of Sole Dimensions so they can adjust my program. On behalf of myself and all others in legal relationship with me, I hereby release Sole Dimensions, and all affiliates from any and all liability for injury, emotional or physical, which may occur while I am training, or as a result of using any information or instruction I receive from Sole Dimensions, their employees or independent contractors. I declare I have read, understood and agreed to the contents of this waiver in its entirety

signed _____ date _____



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