



Choices, A Community Social Center, Inc.

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Exercise Waiver

I, _____, understand that I assume full personal responsibility when I am exercising.
(PLEASE PRINT FULL NAME)

Choices is **not** responsible for any injuries that may occur while you are participating in any form of exercise while at Choices or on a Choices' sponsored activity. We still **recommend** that you see your physician before using any of our exercise equipment. We also advise that you exercise at your **own** pace. We suggest that you keep personal records of your progress and exercise routine. If you need assistance at **any** time please feel free to ask a staff member. We will be more than happy to assist you.

This waiver will be kept on file. A copy may also be made for you if you wish.

For your protection we ask that you please **print** the name and telephone number of your physician so that we may contact them in the event of an emergency.

Physician (PLEASE PRINT FULL NAME)

Telephone

Member's Signature

Date

Witness

Date