Personal Information:	
Name:	Date of Birth:/
Address:	Phone:
City/State/Zip:	
Emergency Contact Person:	
Emergency phone:	Relationship to emergency contact:
Liability Waiver:	
that my participation in any exercise	y own health and physical condition, and having knowledge program may be injurious to my health, am voluntarily a Temple Construction Houston Personal Trainer & David
David T. Nguyen, their representative or illness which I may incur as a resu	ease Temple Construction Houston Personal Trainer & es, agents, and successors from liability for accidental injurally of participating in the said physical activity. I hereby a and consent to participate in said program.
I agree to disclose any physical limits affect my ability to participate in said	ations, disabilities, ailments, or impairments which may distincts program.
Signature:	Date://
Provided by: www.starting-a-pers	onal-training-business.com