U3A PHYSICAL ACTIVITY DISCLAIMER AND CLASS SIGN~IN

It is **YOUR RESPONSIBILITY** to sign in here before participating in this class. You participate at your **OWN RISK.** You must **NOT ENDANGER YOURSELF** or **OTHERS** by taking part.

IMPORTANT:

- Be aware of your own capabilities and limitations
- If you have any cold or flu symptoms, please do not participate in this class
- If necessary, consult your heath practitioner before joining in
- Work within your personal comfort zone do not push yourself beyond what you feel capable of I am aware that this class follows a DVD and that there is no-one leading the class.

I confirm that I have read and that I understand the information above. That in voluntarily participating in I could expose myself to risks that could lead to injury or other medical consequences. I acknowledge that I am responsible for exercising within limits appropriate to my own state of health and that I have responsibility for taking all steps necessary to be aware of those limits including obtaining advice from an appropriately trained person, such as a medical practitioner if necessary.

PLEASE READ THE ABOVE AND COMPLETE THIS FORM BEFORE THE FIRST CLASS ONLY NEEDS TO BE DONE ONCE A YEAR

| Date | M'ship No. | FULL NAME (Print clearly) | SIGNATURE |
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