

NEUROFITNESS TRAINING / PHYSICAL THERAPY

The Parkinson's Fitness Project's "Daily Dose" Waiver/Release Form

I (the client) hereby acknowledge and/or agree to the following:	
1. Acknowledges that fitness training is another tool for teaching individuals a does not guarantee neither good nor bad will occur, nor guarantees the coacl produce good nor bad results.	
2. Acknowledges that the client assumes the risks of participating in these typ they have a regular medical physician they can contact regarding any medical client expressly waive, release, discharge, and agree not to sue the trainer or disability, personal injury, or action of any kind regarding the participation in tand/or fitness activities.	l problems they may develop. The company for any liability of death,
3. The client agrees that this is the full agreement between the parties, that the contradicted any of these terms of this release and that the undersign has entered voluntarily without force or coercion.	
4. The client agrees and is aware that results may vary. Always consult your physician and follow all safety instructions before beginning any exercise program. The information on our site is not intended to diagnose any medical condition or to replace the advice of a healthcare professional. If you experience any pain or difficulty with exercises or diet, stop and consult your healthcare provider.	
Please sign below to acknowledge the information above is accurate, to the best of your knowledge.	
SIGNATURE: DATE	: