

Pre-Program Statement of Physical Well-Being

In signing this form, I _____ attest that:

1. I am signing in good physical health.
2. I have no reason to believe that I am not in good physical and mental health.
3. I am fully aware of, and do acknowledge and assume, all risk of injury inherent in my participation in this seminar.
4. I hereby waive and release PPCT/HFS, the hosting agency, the instructors and assistant instructors, for any and all physical and/or mental injury suffered by me during any and all training activities for this PPCT Management Systems, Inc. / Human Factor Science seminar.
5. I have read and fully understand the terms and conditions of this agreement.
6. I have checked all appropriate areas of known physical problems below, which may impede my participation in this program*.

Back condition Heart condition Arthritis Knee condition

Shoulder condition Neck condition Nerve condition

Elbow condition Hip condition Wrist condition Arm condition

Blackouts

Describe any other condition not listed:

Signature of participant _____

Date signed _____ Time signed _____

*If you have any questions of concern regarding your health condition or ability to safely participate in class, please speak privately with the Instructor prior to signing this document.

Post-Program Statement of Physical Well-Being

In signing this form, I _____ attest that I have not incurred any injuries as a result of participating in this program.

Signature of participant _____

Date signed _____ Time signed _____

**If you have any questions or concern regarding your health condition or ability to safely participate in class please speak privately with the instructor prior to signing this document.*