



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. *

<input type="checkbox"/> Back condition	<input type="checkbox"/> Heart condition	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Knee condition
<input type="checkbox"/> Shoulder condition	<input type="checkbox"/> Neck condition	<input type="checkbox"/> Nerve condition	<input type="checkbox"/> Arm condition
<input type="checkbox"/> Elbow condition	<input type="checkbox"/> Hip condition	<input type="checkbox"/> Wrist condition	<input type="checkbox"/> 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.