WAIVER OF LIABILITY

Palm Greens Resident

I, (print full name):	
have enrolled in (class):	
To be conducted by (instructor):	On this Date:
The instructor who is not employed, affiliated or an ag Condominium Assoc. Inc. at the Palm Greens Clubhou	·
I recognize that the program may involve strenuous phetering that the program may involve strenuous pheterength and endurance training, cardiovascular condithereby affirm that I am in good physical condition and which would prevent or limit my participation in this esubsequent participation is purely voluntary and in no	tioning and training, and other various fitness activities. do not suffer from any known disability or condition, exercise class. I acknowledge that my enrollment and
	Greens and its affiliates from any claims, demands, and on. I fully understand that I may injure myself as a result
I further hereby release Palm Greens at Villa Delray Re	ecreation Condominium
Association, Inc., The Women's Club of Palm Greens ar conditions that I may obtain. These conditions may inc strains, muscle pulls, muscle tears, broken bones, shin back, injuries to foot, or any other illness or soreness t	splints, heat prostration, injuries to knees, injuries to
HEREBY AFFIRM THAT I HAVE READ AND FULL	Y UNDERSTAND THE ABOVE STATEMENTS
Palm Greens Unit Owner/Renter/Guest Signati	ure Date
Resident Address	