

**Luongo Conditioning**  
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**PRE-EXERCISE WAIVER FORM**

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_ **C.** \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **FATHER'S NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_

***IN CASE OF ILLNESS OR ACCIDENT WHOM SHOULD WE NOTIFY?***

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**FAMILY PHYSICIAN:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**ADDRESS (City):** \_\_\_\_\_

**B.C. CARE CARD NUMBER:** \_\_\_\_\_

I fully understand that participation in any exercise program may involve certain risks to me and I agree to accept those risks.

I waive all claims against Mario Luongo, his employees, and authorized agents, and release and discharge them, their successors and assigns from any and all action, causes of action, claims and demands which may arise in consequence of my participation of the training program irrespective of whether my death or injury to me resulted from negligence by my aforesaid parties. This waiver and release is binding on my estate and my heirs.

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 2007

Client Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_