



BERRIEN COUNTY FIRE FIGHTER TRAINING COMMITTEE
P.O. BOX 214, BERRIEN SPRINGS, MI 49103

PRE-PROGRAM STATEMENT OF PHYSICAL WELL BEING

In signing this form, I attest that:

1. I am signing in good 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 the hosting agency, and the instructor for any physical and/or mental injury suffered by me during any and all the training activities conducted in this seminar.
5. I have checked all appropriate areas of known physical problems which may impede my participation in this program.

_____ Back condition	_____ Shoulder condition	_____ Hip Condition
_____ Heart condition	_____ Neck Condition	_____ Wrist condition
_____ Arthritis	_____ Nerve condition	_____ Arm condition
_____ Knee condition	_____ Elbow condition	_____ Black outs

Any other condition not listed. Please describe:

PRINT NAME

SIGNATURE

DATE/TIME

NOTE Please DO NOT do anything that may aggravate any pre-existing conditions.

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