

Loper Creek LLC

Medical Waiver and Release Form

For

Participation in firearms training excercises

Please circle all conditions that you currently have **or** have had in the past year.

| | | |
|---|-----|----|
| Hypertension | Yes | No |
| Heart Disease | Yes | No |
| Pregnancy | Yes | No |
| Skeletal injury (broken bones) | Yes | No |
| Osteoporosis | Yes | No |
| Surgery (please explain below) | Yes | No |
| Weight gain of more than 20 pounds | Yes | No |
| Weight loss of more than 20 pounds | Yes | No |
| Currently taking medication | Yes | No |
| Has a physician told you not to start an exercise program | Yes | No |
| Been in Physical Therapy | Yes | No |
| Post-Traumatic Stress | Yes | No |

Please list all medications you are currently taking

Please explain recent surgical procedures

Please list any other medical conditions not listed above

By signing below you acknowledge that you are, to the best of your knowledge, free from any disease or condition that would prevent you from participating actively in the above-mentioned classes.

Print Name

Signature

Date
