



281-839-4654

TRAINING AND GYM/ WORKOUT WAIVER

I have chosen to accept the training sessions or activities at or provided by T.K.E./SHKWETR. I Clearly understand and agree that I must adhere to all rules and safety procedures by T.K.E./SHKWETR. I have read a copy of such procedures. I understand that I must receive regular medical check up with a

qualified doctor or physician prior to engaging in any strenuous physical activities and I participate in physical fitness activities at my own risk. I agree to release and hold harmless T.K.E./SHKWVE TR and it's employees from any and all liability.

_____ Visitor. _____ Client

How were you referred? _____

Instagram _____

Facebook _____

X _____

Youtube _____

Name _____ DOB _____

Address _____

City _____ State _____

Zip Code _____

Primary contact name _____

Primary contact number _____

Secondary contact name _____

Secondary phone number _____

Email address _____

Signature _____ Date _____

www.tkeskwvetr.com