

PSA ____

Sign-In Sheet for EnhanceFitness

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|-----------------------------------|--|
| Date(s): _____ | Phone: _____ |
| Start Time: _____ End Time: _____ | Funded by: _____ |
| Location: _____ | # of Participants : _____ # of Completers: _____ |
| Address: _____ | Name of Instructor(s) : _____ |

PARTICIPANTS - Before beginning any exercise program it is recommended you consult your physician. If any part of the program conflicts with your doctor's advice and recommendations, follow your doctor's instructions. Participants of this program do so at their own risk.

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