



G. MILLER PHYSIOTHERAPIST

Practice No. 7220081
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NAME:

SURNAME:

DATE OF BIRTH:

TEL:

I understand that the Trainer cannot be held responsible for any personal injuries or loss to personal goods.

I understand that it is my responsibility to inform the Trainer of any new injuries or illnesses before each session.

I acknowledge that I am taking part in this activity by my own free will.

I agree that I understand the above conditions

DATE.....

NAME IN CURSIVE.....

SIGN.....