

## SENIOR L.I.F.T. CENTER, INC.

Last Name	First Name	Phone	Birthdate
Address		Apt. #	Miami City Zip
E-mail	Former Occupation		
Emergency Contact	Phone	Relationship	
Physician	Phone		
Allergies	How did you hear about the LIFT Center?		
I agree and understand that I am hereby waiving and releasing the Senior L.I.F.T. Center from any and all claims, costs, liabilities, expenses or judgements that arise out of my participation in the Senior L.I.F.T. Center Programs.			
Signature	Date of signing		