

Health Risk Acknowledgement Form

Thank you for your submission.

This form must be printed through your web browser, signed, and returned to:

**Angie Reay
Student Wellness Center
3410 Taft Blvd. Wichita Falls, TX 76308**

I understand this Health Risk Acknowledgment Form has been provided to me for the purpose of helping me better understand any potential risks associated with a workout program. I also understand I should share this information with my physician and seek his or her approval prior to beginning an exercise program. My signature signifies that all of above is true, to the best of my knowledge. Any information left unanswered was done so intentionally.

Signature: _____ Date: _____

Received by: _____ Date _____