

QUALITY

LIVING

SERVICES FOR SENIOR CITIZENS



Location:
4001 Danforth Road, S.W.
Atlanta, Georgia 30331

Mailing Address:
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Atlanta, Georgia 30331

(404) 699-1686
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SIGN UP AND RELEASE FORM FOR QLS FITNESS PARTICIPANTS

I _____, hereby request voluntarily to participate in the Quality Living Services "Fitness Program".

I understand the purpose of the program; I have my physician's approval to join; and I accept any risks involved in my participation.

In addition, I release Quality Living Services and its agents, from any responsibility for any injury or illness resulting from my participation in this program.

EMERGENCY CONTACT:

Name: _____

Relationship: _____

Phone number: _____

PHYSICIAN:

Name: _____

Phone number: _____

Signature: _____

Date: _____