

Fitness Liability Waiver Form

Participant Information Name: _____

Date of Birth: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Emergency Contact Information Name: _____

Relationship: _____

Phone Number: _____

Waiver and Release of Liability

1. Acknowledgment of Risk: I, the undersigned participant, acknowledge that engaging in fitness activities, including but not limited to exercise classes, personal training sessions, and the use of fitness equipment, carries inherent risks. These risks may include, but are not limited to, physical injury, muscle strain, heart complications, or other health-related issues. I understand that these risks are inherent to physical activity and accept full responsibility for my participation.

2. Medical Clearance: I confirm that I am physically fit and have no medical condition that would prevent me from safely participating in fitness activities. I acknowledge that it is my responsibility to consult with a physician before engaging in any physical activity if I have any doubts regarding my health status.

3. Assumption of Responsibility: I agree to assume all risks associated with participating in fitness activities, whether they arise from my own actions, the actions of others, or the condition of the facilities and equipment. I voluntarily choose to engage in these activities and accept personal responsibility for any injury or damage that may occur.

4. Release of Liability: I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release and hold harmless [Fitness Center/Trainer Name], its owners, employees, contractors, agents, and affiliates from any and all claims, liabilities, or damages arising from my participation in fitness activities, whether caused by negligence or otherwise.

5. Use of Facilities and Equipment: I agree to use all fitness equipment and facilities responsibly and according to their intended purpose. I will follow any instructions or guidelines provided by the fitness center or trainer. I understand that misuse of equipment or failure to follow instructions may result in injury for which I accept full responsibility.

6. Consent to Emergency Medical Treatment: In the event of an emergency, I authorize [Fitness Center/Trainer Name] to obtain medical treatment for me as deemed necessary. I agree to be financially responsible for any medical expenses incurred.

7. Photography and Media Release: I consent to the use of my image, likeness, or recordings taken during fitness activities for promotional or educational purposes by [Fitness Center/Trainer Name]. If I do not consent, I will provide written notification.

8. Governing Law and Severability: This waiver is governed by the laws of [State/Country]. If any provision of this waiver is deemed unenforceable, the remaining provisions shall remain in full force and effect.

Acknowledgment and Signature By signing below, I affirm that I have read and fully understand this Fitness Liability Waiver. I voluntarily agree to its terms and conditions and confirm that I am of legal age or have the consent of a parent/guardian.

Participant's Name (Printed): _____

Participant's Signature: _____

Date: _____

If Participant is Under 18: Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____