

Simple Fitness Liability Waiver Form Template

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. Understanding the Risks: I know that doing fitness activities like classes, using gym machines, or working with a trainer can sometimes cause injuries. These could include pulling a muscle, getting hurt, or feeling sick. I take full responsibility for joining in and accept these risks.

2. Being Fit for Exercise: I promise that I am healthy and fit to exercise. If I am unsure about my health, I will talk to a doctor before doing any fitness activities.

3. Taking Responsibility: I agree that if I get hurt while exercising, it is my responsibility. This includes injuries from my own actions, other people, or the equipment and facilities.

4. No Blaming the Gym or Trainer: I will not hold [Fitness Center/Trainer Name] or its workers responsible for any injuries or issues that happen while I'm exercising, even if it's accidental.

5. Using Equipment Correctly: I will use all gym equipment the right way and follow any rules or instructions. If I use something wrong and get hurt, I accept the consequences.

6. Emergencies: If there is an emergency, I allow [Fitness Center/Trainer Name] to get medical help for me. I know I'll have to pay for any medical bills.

7. Pictures and Videos: I give permission for my photos or videos to be used for gym promotions or educational materials. If I don't want this, I will say so in writing.

8. Legal Stuff: This form follows the laws of [State/Country]. If one part of this form doesn't work legally, the rest of it still counts.

Acknowledgment and Signature By signing this form, I confirm that I've read and understood everything. I agree to these terms and am old enough to sign or have a parent/guardian's permission.

Participant's Name (Printed): _____

Participant's Signature: _____

Date: _____

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

Parent/Guardian Signature: _____

Date: _____