

Fitness Class Waiver and Release Form

By signing below, you acknowledge that you have voluntarily chosen to participate in fitness classes conducted by the instructor or facility. Please read this form carefully and in its entirety before signing.

Assumption of Risk

I understand that participation in fitness classes may involve risk of injury, illness, or even death. I acknowledge that I am voluntarily participating and assume all risks associated with participation.

Waiver and Release

In consideration of being permitted to participate, I agree to release and hold harmless the instructor, facility, and related parties from liability related to personal injury, property damage, or any other loss arising from or related to my participation in the fitness classes.

Medical Clearance

I confirm that I have consulted with a physician and am physically fit to participate. I will inform the instructor of any medical conditions, physical limitations, disabilities, or injuries that may affect my participation.

Participant Responsibilities

- I will follow all instructions and safety precautions.
- I will stop and inform the instructor immediately if I experience pain, discomfort, or other symptoms.
- I understand it is my responsibility to perform within my limits.

Emergency Contact

Emergency Contact Name:

Phone Number:

Participant Information

Full Name:

Date of Birth:

Today's Date:

Signature:

Parent/Guardian Signature (if under 18):

By signing above, I acknowledge that I have carefully read this release, understand its contents, and voluntarily

agree to the terms and conditions stated herein.