

# Gym Liability Waiver Form

## Participant Information

Full Name

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Date of Birth

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Phone Number

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Email Address

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Emergency Contact Name

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Emergency Contact Phone

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## Waiver & Release of Liability

I, the undersigned, acknowledge and agree that my use of the gym facilities and participation in gym activities is voluntary and at my own risk. I accept full responsibility for any injuries, illnesses, or damages that may result from my participation, and I hereby release and discharge the gym, its owners, employees, and agents from any and all liability, claims, demands, or causes of action.

I have read and understand this waiver and agree to abide by all gym rules and safety instructions.

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Participant Signature

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Date

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Parent/Guardian Signature (if under 18)

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Date