

Gym Liability Waiver Form

Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact Name

Emergency Contact Phone

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.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date