

General Fitness Facility Waiver of Claims

By signing below, I acknowledge and agree that my participation in activities, exercise programs, and/or use of equipment or facilities at _____ Fitness Facility is voluntary.

I understand that physical activities involve risk of injury or harm. I hereby waive, release, and hold harmless the facility, its owners, staff, agents, and instructors from any and all claims or liabilities arising out of my participation or presence in the facility, including but not limited to any injury, illness, or loss experienced by me.

I certify that I am physically fit to take part in activities and have consulted a physician regarding any conditions that may affect my participation. I agree to follow facility rules and report any unsafe activities or equipment.

Participant Information

Full Name

Date of Birth

Address

Phone Number

Emergency Contact Name

Emergency Contact Phone

Signature

Signature

Date

If the participant is under 18 years of age, a parent or legal guardian's signature is required:

Parent/Guardian Name

Parent/Guardian Signature

Date