

Gym Activity Consent and Waiver Form

Participant Information

Full Name:

Date of Birth:

Address:

Phone Number:

Emergency Contact Name:

Emergency Contact Phone:

Medical Information

Do you have any medical conditions, allergies, or injuries we should be aware of?

Physician's Name:

Physician's Phone:

Consent & Waiver

I, the undersigned, acknowledge and understand that participation in gym activities involves risk of injury. I confirm that I am physically able to participate and agree to notify staff of any changes to my health or fitness. I voluntarily accept all risks and agree to release and hold harmless the gym and its staff from any liability arising out of my participation.

- I have consulted with a physician or waive my right to do so.
- I understand the risks involved in gym activities.
- I will adhere to gym rules and staff instructions.
- I consent to receive emergency medical care if needed.

Acknowledgement & Signature

Participant Signature:

Date:

If under 18, Guardian Name:

Guardian Signature:
