

Health Club Participation Waiver

Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Home Address

Emergency Contact

Contact Name

Relationship

Phone

Health Information

Please list any relevant medical conditions or physical limitations:

Allergies (if any):

Waiver & Release

I, the undersigned, acknowledge that participation in health club activities presents certain risks of injury. By signing below, I voluntarily accept these risks and agree to release, waive, and hold harmless the club, its officers, employees, and agents from any and all liability for personal injury, property damage, or loss resulting from my participation.



I have read, understand, and agree to the terms of this waiver.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date