

Fitness Studio Participant Liability Waiver

Participant Information

Full Name

Date of Birth

Address

Phone Number

Email Address

Waiver of Liability

By signing below, I acknowledge and agree that I am voluntarily participating in fitness activities, classes, and/or use of equipment at this fitness studio. I understand the risks involved in participating in physical activities and agree to assume full responsibility for any injuries or damages that may occur to me as a result of my participation.

I hereby release, waive, discharge, and hold harmless the owners, instructors, employees, and all representatives of the fitness studio from any and all liability for any injury, illness, loss, or damage incurred as a result of my participation in activities at the studio.

I affirm that I am in good physical condition and able to participate in physical activities. I will notify instructors of any health conditions or limitations that may affect my participation.

I have read and fully understand this waiver and release of liability and voluntarily agree to its terms.

Participant Signature

Date