

General Fitness Class Waiver Agreement

Please read this Waiver Agreement carefully before participating in any fitness classes organized by [Gym/Instructor Name].

Assumption of Risk

I acknowledge that participation in fitness classes involves physical activity and may carry a risk of injury. I voluntarily assume all risks associated with participation, including the risk of falls, injury, or other medical conditions.

Release of Liability

I hereby release, waive, and discharge [Gym/Instructor Name], its employees, agents, and representatives from any and all claims or liability for personal injury, accidents, or illness that may result from participation in fitness activities.

Medical Clearance

I confirm that I am in good health and have consulted with a physician about my ability to participate in fitness activities, or I accept full responsibility for any health risks.

Participant Information

Name

Date of Birth

Email

Emergency Contact

Name

Phone

- I have read and understood this Waiver Agreement.
- I agree to abide by all rules and instructions given by the instructor.
- By signing below, I accept all terms and conditions outlined above.

Participant Signature

Date

If the participant is under 18 years of age, a parent or guardian must complete and sign this waiver.

Parent/Guardian Name (if under 18)

Signature

