

Group Exercise Assumption of Risk Form

Participant Name:

I acknowledge that participation in group exercise activities involves a risk of injury, including but not limited to muscular injuries, cardiovascular injuries, and accidental injuries. I freely and knowingly assume all such risks inherent in any physical activity, whether foreseen or unforeseen.

I certify that I am in sufficient physical condition to participate in this activity and that I have consulted a medical professional regarding any concerns I may have about my health or ability to safely participate.

By signing below, I agree to waive, release, and discharge the organization and its representatives from any and all liability for injuries or damages arising from my participation, except for those caused by gross negligence or willful misconduct.

Participant Signature:

Date:

If under 18, Parent/Guardian Signature:

Date: