

Group Workout Class Risk Acknowledgement

I acknowledge that my participation in the group workout class is voluntary and involves physical activity that may carry inherent risks of injury or accident. I understand that it is my responsibility to consult with my physician before participating in any physical exercise program.

Assumption of Risk

I am aware that participating in physical fitness classes can be strenuous and can cause physical injury, and I assume all risks involved, including but not limited to:

- Muscle soreness, strains, sprains, and physical injury
- Cardiovascular incidents or complications
- Accidents resulting from equipment use or interaction with other participants
- Other risks not specified herein

Release of Liability

In consideration for being allowed to participate, I hereby release and hold harmless the organizers, instructors, and facility owners from any and all liability, claims, demands, causes of action, or damages arising from my participation in this group workout class.

Acknowledgement

I confirm that I have read, understood, and agree to the above statements. I have informed the organizers of any relevant medical conditions.

Participant's Name

Signature

Date
