

Fitness Event Participant Waiver

Date: _____

Participant Information

Full Name: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Waiver and Release of Liability

I, the undersigned, acknowledge that participation in fitness activities and events involves inherent risks, including, but not limited to, the risk of physical injury, illness, or death. I hereby assume all such risks and voluntarily choose to participate.

I fully release and discharge the event organizers, sponsors, volunteers, staff, and all affiliated parties from any and all liabilities, claims, demands, and causes of action arising out of or related to my participation in this event.

I acknowledge that I am physically fit and medically cleared to participate in the event. I agree to follow all rules, regulations, and instructions provided by event personnel.

I grant permission to use my likeness in photographs, video, or other media taken during the event for promotional purposes.

I have read and understand this waiver and release, and I sign it voluntarily.

Participant Signature:

Date:

Parent/Guardian Signature (if under 18):

Date:
