

Comprehensive Fitness Liability Waiver Form

Gym Name: _____

Address: _____

Phone: _____

Participant Information

Full Name

Address

Phone Number

Email Address

Date of Birth

Assumption of Risk

I, the undersigned, acknowledge that my use of the gym's facilities, equipment, and participation in fitness activities (including but not limited to: classes, personal training, weights, cardio equipment, and any other programs) involves certain inherent risks, including, but not limited to, risk of injury, aggravation of pre-existing medical conditions, disability, or even death.

I knowingly and voluntarily assume all such risks both known and unknown, even if arising from the negligence of the gym or others, and assume full responsibility for my participation.

Medical Clearance

I certify that I am physically fit, have sufficiently prepared for participation in fitness activities, and have not been advised otherwise by a qualified medical professional.

I agree to inform the gym of any changes in my health or medical status which could limit or affect my ability to safely participate.

Waiver and Release of Liability

I hereby release, waive, discharge, and hold harmless the gym, its owners, employees, instructors, agents, and representatives, from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury (including death) that may be sustained by me while participating in fitness activities or using the gym's facilities and equipment.

Rules and Policies Agreement

I agree to comply with all posted and communicated rules, policies, and instructions regarding equipment use, conduct, hygiene, and safety.

- No unauthorized use of equipment.
- No food or drinks in workout areas.
- Proper attire and footwear required.
- Notify staff of any damaged equipment.

Emergency Contact

Emergency Contact Name

Emergency Contact Phone

Acknowledgment and Consent

- ☐ I have read, fully understand, and voluntarily agree to the above Waiver and Release of Liability.
- ☐ I am 18 years of age or older. If under 18, a parent/legal guardian must sign below.

Participant Signature

Date

For Participants Under 18 Years of Age

This section must be completed by a parent or legal guardian for any participant under the age of 18.

Parent/Guardian Name

Parent/Guardian Signature

Date

Additional Notes (Optional)

Add any allergies, medical conditions, or other information...