

Exercise Facility Assumption of Risk Waiver Form

Participant Information

Full Name

Address

Phone Number

Email

Assumption of Risk & Waiver

I, the undersigned, acknowledge and understand that participation in activities and use of equipment at the exercise facility involves inherent risks, including risk of injury. I voluntarily accept full responsibility for any injury or accident which may occur to me while participating in activities at the facility. I hereby waive, release, and discharge the facility, its owners, staff, and agents from any and all claims or liabilities, known or unknown, arising out of my participation.

I acknowledge that I have been advised to consult with a physician before engaging in physical activity at this facility. I certify that I am physically able to participate and assume all responsibility for my own health and well-being in connection with my use of this facility and its equipment.

Signature

Participant Signature

Date _____

For Participants Under 18

If the participant is under the age of 18, a parent or legal guardian must also read and sign below.

Parent/Guardian Name

Parent/Guardian Signature

Date _____