

High-Intensity Workout Participation Release Form

Thank you for your interest in participating in our high-intensity workout program. Please review and complete the release form below before starting any activities.

Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Assumption of Risk

I acknowledge that participation in high-intensity workouts may involve inherent risks, including but not limited to physical injury, aggravation of pre-existing conditions, or unforeseen medical events. I voluntarily choose to participate and assume all risks associated with these activities.

Release of Liability

I hereby release and discharge the organization, its employees, trainers, and affiliates from any and all claims, liabilities, losses, or expenses arising from my participation, except where prohibited by law.

Medical Clearance

I confirm that I have consulted with a qualified healthcare provider, or have chosen not to do so, and take full responsibility for my decision to participate. I will notify staff of any changes to my health status.

Emergency Contact

Name

Phone Number

Agreement & Acknowledgement

1. I have read and understood this release form.
2. I voluntarily agree to the terms stated above.
3. I understand I can ask questions regarding this form at any time.

Participant Signature

Date

Additional Notes (optional)