

Fitness Class Liability Waiver

Full Name

Date of Birth

Address

Phone Number

Email Address

Waiver of Liability

I, the undersigned, acknowledge that participation in fitness classes involves inherent risks of injury, illness, or even death. I knowingly and voluntarily assume all such risks, known and unknown, and take full responsibility for my participation.

I hereby release, hold harmless, and discharge the instructor(s), class organizers, and venue owners from any and all liability, claims, and causes of action arising from my participation in any fitness class, including but not limited to claims for personal injury, property damage, or wrongful death.

I certify that I am physically fit and able to participate in fitness activities and will notify the instructor of any medical conditions or concerns prior to class.

I have read, understood, and voluntarily agree to the terms of this waiver.

I agree to the above terms and conditions.

Participant Signature

Sign here

Date

Parent/Guardian Signature (if under 18)

Parent/Guardian sign here

