

Gym Participation Waiver

Please read the waiver carefully and complete the required information.

Participant Information

Name:

Date of Birth:

Address:

Phone:

Emergency Contact Name & Phone:

Waiver and Release of Liability

I acknowledge that participation in gym activities involves physical exercise and may carry inherent risks, including the risk of injury. I hereby assume all risks associated with my participation and agree to release and discharge [Gym Name] and its staff from any and all liability.

I confirm that I am physically fit to participate in gym activities and have consulted a physician if necessary. I have read, understand, and agree to abide by all gym rules and guidelines.

Participant Signature:

Date:

Parent/Guardian Signature (if under 18):

Date:
