

Fitness Class Participation Waiver Form

Participant Information

Full Name

Date of Birth

Phone Number

Email Address

Emergency Contact Name & Phone

Health Declaration

Please list any medical conditions, injuries, or medications, or write "None"

Waiver & Release of Liability

I hereby acknowledge that participation in fitness classes involves inherent risks of injury, including but not limited to muscle strains, falls, and other medical conditions. I certify that I am physically able to participate in the fitness classes and have disclosed any relevant medical conditions.

By signing below, I assume full responsibility for any injuries or damages which may result from my participation. I hereby release and discharge the fitness instructor, facility, and its representatives from any and all liability arising from my participation. I have read, understood, and voluntarily agree to this waiver.

Participant Signature

Date