

Accident Waiver and Release of Liability Form

Event/Class: _____

Date: ____ / ____ / ____

Instructor/Facility: _____

I, the undersigned participant, acknowledge that I am voluntarily participating in fitness classes and related activities offered by the above instructor/facility. I understand that physical exercise involves inherent risks of injury, including but not limited to strains, sprains, falls, or other personal injuries.

1. I certify that I am physically fit and have not been advised otherwise by a qualified medical professional.
2. I agree to comply with all stated and customary terms, safety rules, and guidelines while participating in the class.
3. I knowingly and freely assume all such risks, both known and unknown.
4. I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release and hold harmless the instructor/facility, their officers, agents, and/or employees, from any claims arising out of injury, disability, death, or loss/damage to person or property associated with my participation.
5. I will notify the instructor of any physical limitations, discomfort, or injuries before or during class.

Emergency Contact: _____

Phone Number: _____

By signing below, I confirm that I have read and understood this Accident Waiver and Release of Liability, and that I voluntarily agree to its terms:

Participant Name (Print):

Signature:

Date:

If participant is under 18 years old:

Parent/Guardian Name (Print): _____

Signature: _____ **Date:** ____ / ____ / ____

Ensure safety and clear communication with our **accident waiver form sample** designed specifically for fitness classes. This essential document helps protect instructors and facilities by outlining participant responsibilities and risks. Use it to create a secure and professional environment for all attendees.