

Medical Waiver Form for Fitness Classes

A **medical waiver form** sample for fitness classes ensures participants acknowledge any health risks before engaging in physical activities. This document helps instructors manage liabilities by confirming that attendees have disclosed their medical conditions. Using a clear and concise waiver promotes safety and informed consent in fitness environments.

Participant Information

Full Name:

Date of Birth:

Emergency Contact Name:

Emergency Contact Phone:

Medical Information

Known medical conditions, allergies, or recent injuries (please describe):

☐ I confirm that I have disclosed all relevant medical information above.

Waiver and Release of Liability

By signing below, I acknowledge the risks associated with participation in fitness classes and certify that I am physically fit to participate. I agree to inform the instructor of any changes to my medical condition. I waive, release, and discharge the organizers from any and all claims arising from my participation.

☐ I have read, understood, and agree to the waiver and release of liability.

Participant Signature:

Date:

Submit