

Gym Membership Waiver Form

Member Name: _____
Date of Birth: _____
Address: _____
Phone: _____
Email: _____

Medical Disclosure

Please list any medical conditions, allergies, or injuries that may affect your participation:

Are you currently taking any medications relevant to physical activity?

Yes No

If yes, please specify: _____

Assumption of Risk

I acknowledge that participating in gym activities involves inherent risks, including but not limited to injury, aggravation of existing medical conditions, and other health complications. I have disclosed all relevant medical conditions to the best of my knowledge.

Medical Clearance

I understand that it is recommended I consult a physician before beginning any fitness program. If advised, I have obtained the necessary medical clearance.

Release of Liability

I hereby release and hold harmless [Gym Name], its owners, staff, and affiliates from any and all liability for injuries or conditions that may result from participation in gym activities, provided such information has been truthfully disclosed above.

Signature

Member Signature: _____ Date: _____
Parent/Guardian (if under 18): _____ Date: _____

This **gym membership waiver form** sample is designed to address medical conditions, ensuring members acknowledge potential health risks before participating. It helps gyms protect themselves legally by confirming that individuals disclose relevant medical information. Using this form promotes a safer workout environment for all participants.