

# Gym Waiver and Release of Liability Form

Please read and complete this form before participating in any activities at our facility.

## Participant Information

**Full Name:**

**Date of Birth:**

**Email Address:**

**Emergency Contact Name & Phone:**

## Medical Disclosure

**Please answer the following questions truthfully. This information is essential for your safety during exercise and to inform our staff of any limitations or risks.**

**Do you have, or have you ever had, any of the following conditions? (Check all that apply):**

- Heart Disease
- High Blood Pressure
- Asthma/Breathing Difficulties
- Diabetes
- Joint or Bone Issues
- Epilepsy or Seizures
- Other (please specify below)

**Other relevant medical conditions, injuries, allergies, or medications:**

**Are you currently pregnant?**

- Yes
- No

## Assumption of Risk

I acknowledge that participation in gym activities, including but not limited to strength training, cardiovascular exercise, and group classes, involves inherent risks, including the risk of injury or death. I certify that I am physically fit and have disclosed all relevant medical information above. I agree to inform gym staff of any changes to my health.

## Waiver and Release of Liability

In consideration of being permitted to use gym facilities and equipment, I hereby waive, release, and discharge [Gym Name], its employees, agents, and representatives from any and all liability for any injury, loss, or damage arising out of or in connection with my participation.

I understand and accept the risks involved, and I participate voluntarily.

## Signature

**Participant Signature:**

**Date:**

*This form is for example purposes only and does not constitute legal advice. Please consult with an attorney to ensure your waiver meets local legal requirements.*