

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.