

Bilingual Fitness Center Waiver Form

This **bilingual fitness center waiver form sample** ensures clear communication and legal protection for both the fitness center and its members. It includes necessary disclaimers and consent statements in two languages, promoting safety and compliance. This form is essential for managing risks and enhancing member understanding regardless of language barriers.

English	Español
General Waiver and Release I, the undersigned, understand and acknowledge that participation in activities at this fitness center involves inherent risks, including the risk of injury. By signing below, I voluntarily assume all such risks and agree to release and discharge the fitness center, its owners, staff, and affiliates from any and all liability for injury, loss, or damage resulting from my participation.	Renuncia General y Liberación Yo, el abajo firmante, comprendo y reconozco que la participación en actividades en este centro de fitness implica riesgos inherentes, incluido el riesgo de lesiones. Al firmar a continuación, voluntariamente asumo todos estos riesgos y acepto eximir y liberar al centro de fitness, sus propietarios, empleados y afiliados de cualquier responsabilidad por lesiones, pérdidas o daños resultantes de mi participación.
Medical Clearance I affirm that I am physically able to participate in exercise activities and have consulted with a physician if necessary. I agree to inform staff of any health conditions that may affect my participation.	Autorización Médica Confirmo que estoy físicamente apto para participar en actividades de ejercicio y he consultado con un médico si es necesario. Estoy de acuerdo en informar al personal sobre cualquier condición de salud que pueda afectar mi participación.
Code of Conduct I agree to follow all rules and guidelines of the fitness center, and will immediately report any unsafe conditions to staff.	Código de Conducta Acepto seguir todas las normas y directrices del centro de fitness y notificar de inmediato al personal cualquier condición insegura.

Participant's Name / Nombre del participante:

Signature / Firma:

Date / Fecha:

*If the participant is under 18, a parent or legal guardian must complete and sign this form.
Si el participante es menor de 18 años, un padre o tutor legal debe completar y firmar este formulario.*