

Fitness Center Medical Waiver Form Sample

Download our **fitness center medical waiver form sample** to ensure member safety and legal compliance. This form helps document any medical conditions or restrictions before participation in physical activities. It serves as a precautionary measure for both fitness centers and their clients.

Member Information

Full Name:

Date of Birth:

Address:

Phone Number:

Email Address:

Medical Information

Primary Physician:

Please list any medical conditions or physical limitations:

Are you currently taking any medications? If yes, please list:

Do you have any allergies? If yes, please specify:

Waiver and Release of Liability

By signing below, I acknowledge that I have voluntarily chosen to participate in physical activities at the fitness center. I am aware of the risks in participating in exercise, including but not limited to injury, heart attack, or death. I declare that I have disclosed all relevant medical information to the best of my knowledge.

I hereby release and discharge the fitness center, its owners, employees, and agents from any and all liability for any injury or damages resulting from my participation.

☐ I have read, understand, and agree to the terms stated above.

Signature:

Type your full name here

Date:

Submit