

FITNESS CENTER

LIABILITY WAIVER AND ASSUMPTION OF RISK AGREEMENT

PARTICIPANT INFORMATION

Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ Email Address: _____

Emergency Contact Name: _____ Emergency Contact Phone: _____

WAIVER AND RELEASE OF LIABILITY

I, the undersigned participant, acknowledge that I am voluntarily participating in fitness activities, programs, and/or using equipment and facilities at this fitness center. I understand that these activities involve inherent risks of injury, including but not limited to:

- Sprains, strains, fractures, and other musculoskeletal injuries
- Cardiovascular complications including heart attack or stroke
- Equipment malfunction or improper use
- Injuries from interaction with other participants
- Slip, trip, and fall accidents

ASSUMPTION OF RISK: I voluntarily assume all risks associated with my participation in fitness activities and use of facilities, whether those risks are known or unknown, foreseen or unforeseen.

RELEASE AND WAIVER: I hereby release, waive, discharge, and covenant not to sue the fitness center, its owners, operators, employees, instructors, agents, and representatives from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or relating to any loss, damage, or injury that may be sustained by me while participating in activities or using facilities.

INDEMNIFICATION: I agree to indemnify and hold harmless the fitness center from any loss or liability incurred as a result of my actions or participation.

MEDICAL SCREENING QUESTIONNAIRE

WARRANTY AND RELEASE: I represent that I am in good physical condition and have no medical conditions that would prevent my safe participation in fitness activities. I agree to immediately inform staff of any changes to my health status.

Do you have any heart conditions or cardiovascular disease?	& Yes & No
Do you have any injuries or physical limitations?	& Yes & No
Are you currently taking any medications?	& Yes & No
Do you have any allergies we should be aware of?	& Yes & No

FACILITY RULES AND REGULATIONS

By signing below, I acknowledge that I have read and agree to abide by all facility rules and regulations, including:

- Proper use of equipment and facilities

- Appropriate workout attire and footwear required
- No outside food or beverages (water bottles permitted)
- Respect for other members and staff
- Compliance with posted safety guidelines
- Report any equipment malfunctions immediately

PHOTOGRAPHY/VIDEO RELEASE

I consent to the use of photographs/videos taken of me during my participation for promotional purposes:

& Yes & No

ACKNOWLEDGMENT AND SIGNATURE

I have read this waiver and release, fully understand its terms, and sign it freely and voluntarily without any inducement.

Participant Signature:

Date:

Print Name:

Date:

FOR PARTICIPANTS UNDER 18 YEARS OF AGE

Parent/Guardian must also sign:

Parent/Guardian Signature:

Date:

Print Name:

Relationship:

This waiver is valid for the duration of membership and must be renewed annually.

FOR OFFICE USE ONLY - Staff Signature: _____ Date: _____