

# Fitness Class Insurance Waiver Form

Full Name

Email Address

Phone Number

Date

## Emergency Contact

Name

Phone Number

## Waiver and Release of Liability

I acknowledge that participation in fitness classes involves physical activity and carries the risk of injury. I hereby release and discharge the instructors, facility, and all parties involved from any and all liability, claims, or demands resulting from injuries or damages that may arise from my participation, whether caused by negligence or otherwise. I affirm that I am in good physical condition and able to participate. I understand that it is my responsibility to consult with a physician regarding my fitness to take part in any activities.



I have read and agree to the terms above.

Participant Signature

Date

Parent/Guardian Signature (if under 18)

Date