

# Fitness Class Liability Waiver Form

Full Name

Date of Birth

Email

Phone Number

## Emergency Contact Information

Emergency Contact Name

Emergency Contact Phone

## Medical Information

Please list any relevant medical conditions or injuries

List any medications you are currently taking

## Waiver and Release of Liability

I acknowledge that participation in fitness classes involves strenuous physical activity and risk of injury. I hereby release the instructor and the facility from any and all liability for injuries or damages resulting from participation.

I confirm that I am physically capable of participating and have consulted a medical professional if necessary.



I have read, understood, and agree to the terms above.

Participant Signature

Date