

Fitness Class Participant Release Form

Participant Name

Date of Birth

Address

Phone Number

Email Address

I understand that participating in a fitness class involves physical activity and risk of injury. I acknowledge that I am in good health and have consulted with a physician before participation if necessary. I hereby release and hold harmless the organizers, instructors, and facility from any liability for injuries or damages arising from my participation.

☐ I have read and agree to the terms above.

Participant Signature

Date

If participant is under 18:

Parent/Guardian Signature

Date