

GYM LIABILITY WAIVER

Business Name: _____

Date: _____

Liability waiver for gyms and fitness centers covering equipment use, group classes, personal training, and facility risks.

** Required fields*

Member Full Name *

Email *

Phone Number *

Date of Birth *

Address *

Emergency Contact Name *

Emergency Contact Phone *

Membership type *

Options: Monthly / Annual / Day Pass / Class Pack

Current medical conditions

Heart conditions, joint issues, recent surgeries...

Are you currently under a doctor's care for any condition? *

Options: Yes / No

Have you been advised against exercise by a physician? *

Options: Yes / No

I understand the risks of physical exercise *

I agree to use equipment properly and follow facility rules *

I release the gym from liability for injury during use *

Member Signature *

Sign here

Date: _____

CONSENT / WAIVER

ASSUMPTION OF RISK AND RELEASE OF LIABILITY: I understand that physical exercise involves inherent risks including but not limited to: musculoskeletal injury, cardiovascular events, dehydration, and aggravation of pre-existing conditions. I voluntarily assume all such risks. I certify that I am physically capable of engaging in exercise and have not been advised otherwise by a physician. I release the gym, its owners, employees, trainers, and agents from all liability for injury, illness, or death arising from my use of the facility, equipment, or participation in group classes. I agree to follow all facility rules, use equipment as instructed, and report any equipment malfunction immediately.

Client Signature: _____

Date: _____

Print Name: _____