

Fitness Center Injury Waiver Acknowledgment Form

Date: _____

To Whom It May Concern:

I, the undersigned, acknowledge that I have voluntarily chosen to participate in fitness activities at [Fitness Center Name]. I understand that these activities may involve risks of injury or even death, and I assume all risks associated with my participation.

By signing this waiver, I release [Fitness Center Name], its owners, employees, and agents from any liability for injuries or damages that may occur while I am using the facilities or participating in activities.

I confirm that I am in good health and have no medical conditions that would affect my ability to participate in fitness activities.

Participant Name: _____

Signature: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____