

Liability Release Notification

Date: [Insert Date]

Dear [Member's Name],

We are excited to welcome you to [Fitness Facility Name]. As part of our commitment to ensuring a safe and enjoyable experience, we require all members to acknowledge and release the facility from liability.

By participating in any activities at [Fitness Facility Name], you agree to the following:

- You understand the risks associated with physical exercise and activities.
- You voluntarily assume all risks related to your participation.
- You release and hold harmless [Fitness Facility Name], its staff, and affiliates from any liability for injuries or damages incurred.

Please sign and return the attached waiver form by [Insert Due Date]. Your participation will not be permitted until we receive the signed waiver.

Thank you for your understanding and cooperation. We look forward to seeing you at the facility!

Sincerely,

[Your Name]

[Your Position]

[Fitness Facility Name]

[Contact Information]