

Health Club Liability Release Agreement

Date: _____

To Whom It May Concern,

I, **[Your Name]**, hereby acknowledge that I have voluntarily chosen to participate in health and fitness activities at **[Health Club Name]**. I understand that these activities may involve inherent risks and dangers, including but not limited to, physical injury or death.

In consideration for being permitted to participate in these activities, I hereby agree to release, waive, discharge, and hold harmless **[Health Club Name]**, its owners, employees, trainers, and affiliates from any and all liability, claims, demands, causes of action, or injuries that may arise from my participation.

I acknowledge that I have had the opportunity to ask questions and have received satisfactory answers regarding this release. I have read this document and fully understand its content.

By signing below, I acknowledge that I am at least 18 years of age or have obtained parent/guardian consent.

Signature: _____

Name: _____

Address: _____

Phone: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Thank you,

[Health Club Name]