

Wellness Center Safety Disclaimer Form

Date: _____

To Whom It May Concern,

I, **[Participant's Name]**, hereby acknowledge and agree to the following terms regarding my participation in services provided by **[Wellness Center Name]**.

1. I am aware that participation in wellness activities involves physical exertion and could carry the risk of injury.
2. I have disclosed any pre-existing medical conditions or concerns to the staff.
3. I understand that I am responsible for my own health and safety during participation.
4. I waive any claims against **[Wellness Center Name]** for injuries that may occur.
5. I agree to follow all safety instructions provided by the staff.

By signing below, I agree to the above terms and acknowledge these statements:

Participant's Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Thank you for your cooperation.

Sincerely,

[Wellness Center Name]