

Gym and Fitness Waiver

Prepared with Signathing. Roles: Member.

Gym, studio or trainer: _____

Location: _____

Member

Full name: _____

Email: _____

Phone: _____

Date of birth: _____

Emergency contact (name and phone): _____

Membership or pass type: _____

Choices: Monthly membership / Annual membership / Class pack / Day pass / Personal training

Assumption of risk

Exercise and the use of fitness equipment carry risks, including muscle and joint injury, falls, heart and breathing problems, and in rare cases serious injury or death. These risks come from my own effort and condition, from equipment, from other members, and from the facility itself. I have had the chance to ask questions about the programs and equipment. I choose to take part knowing these risks and I accept them.

Release

In exchange for membership or access, I release the Gym, its owners, employees, trainers, volunteers and agents from claims for injury, loss or damage arising from my use of the facility, equipment, classes and training, including claims based on the Gym's ordinary negligence, to the extent the law of the state where the facility is located allows. This release does not cover gross negligence or intentional wrongdoing, and it is not meant to release anything the law does not allow to be released.

Health statement

I am physically able to exercise. I have no heart condition, injury, pregnancy or other condition that makes exercise unsafe for me, or I have listed it below and my doctor has approved my participation. I will stop and tell staff if I feel pain, dizziness or shortness of breath. If I cannot speak for myself, I consent to first aid and emergency medical treatment, at my cost.

Conditions or injuries staff should know about (or none): _____

Rules and property

I will follow posted rules and staff instructions, use equipment as designed, re-rack weights, wipe down equipment after use, and wear appropriate footwear. The Gym is not responsible for personal property left in lockers, vehicles or on the premises. I understand the facility may use security cameras.

Agreement

This waiver applies to every visit for as long as I use the facility, and it is binding on me, my family, heirs and representatives.

☐ I have read this entire waiver and I agree to it

☐ Member is under 18 (a parent or guardian must sign)

Signatures

Member

Signature

Date

Printed name