

Personal Information

Name _____ DOB ____/____/____

Address _____

City _____ State _____ Zip Code _____

Phone _____ - _____ - _____

Email _____

Emergency Contact

Name _____

Phone _____ - _____ - _____ Relationship _____

Liability Waiver

I, the undersigned, being aware of my own health and physical condition, and having knowledge that my participation in any exercise program may be injurious to my health, am voluntarily participating in a physical activity.

Having such knowledge, I hereby acknowledge this release, any representatives, agents, and successors from liability for accidental injury or illness which I may incur as a result of participating in the said physical activity. I hereby assume all risks connected therewith and consent to participate in said program.

I agree to disclose any physical limitations, disabilities, ailments, or impairments which may affect my ability to participate in said fitness program.

I agree to not hold the gym nor the owners responsible for any injury that may occur to any guest, minor or adult, that accompanies me to the gym.

Signature _____ Date ____/____/____