



Liability Waiver

Personal Information

Name: _____ Date of Birth: ___ / ___ / ___

Address: _____

City and State: _____ Zip Code _____

Email: _____

Primary Phone: _____ Secondary Phone: _____

Emergency Contact Person: _____

Emergency Phone: _____ Relationship to Contact _____

I, the undersigned, being aware of my own health and physical condition, or the health and physical condition of the person I'm guardian for, and having knowledge that 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 may I, or the person I'm guardian for, 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.

Printed Name of Participant or Guardian

Date

Signature of Participant or Guardian

Date