



Liability Waiver:

Name: _____

DOB ____/____/____

Member Number: _____ Guest : Y/N

Guest of: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact Person: _____

Emergency Phone: _____

Relationship to Contact: _____

Please list any health issues and/or medications currently taking in the space directly below:

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 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.

Signature: _____

Date: ____/____/____

Signature of parent/guardian if under 18: _____

Date: ____/____/____