

# The Fitness Concept - Liability Waiver and Release Agreement

**PLEASE PRINT, SIGN, AND PRESENT THIS WAIVER TO CLAY WHEN YOU SIGN UP AND ATTEND YOUR FIRST CLASS.**

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. BY SIGNING, YOU AGREE TO THE TERMS AND CONDITIONS OUTLINED BELOW.

## 1. Assumption of Risk

I acknowledge that participation in fitness activities, classes, and the use of exercise equipment involves inherent risks, including, but not limited to, injury, illness, or damage to property. I voluntarily assume all risks associated with my participation at The Fitness Concept, including risks arising from the negligence of staff, other members, or third parties.

## 2. Release of Liability

In consideration of being allowed to use the facilities and participate in activities at The Fitness Concept, I, on behalf of myself, my heirs, and assigns, hereby release, discharge, and hold harmless The Fitness Concept, its owners, employees, contractors, and agents from any and all claims, demands, damages, or liabilities arising out of or related to my use of the facilities, equipment, or participation in activities.

### 3. Medical Clearance

I confirm that I am physically and medically able to participate in fitness activities and have consulted a healthcare professional if necessary. I agree to stop any activity that causes discomfort or injury and notify staff immediately.

### 4. Rules and Regulations

I agree to comply with all rules, policies, and instructions provided by The Fitness Concept. I understand that failure to follow these rules may result in the suspension or termination of my membership without refund.

### 5. Social Media Consent

I consent to be photographed or recorded while participating in activities at The Fitness Concept and understand that my image may be used on the official social media account (@tfc\_thefitnessconcept) for promotional purposes. I understand that I may withdraw this consent at any time by notifying The Fitness Concept in writing.

### 6. Emergency Contact Information

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

### 7. Acknowledgement of Understanding

I have read this waiver and fully understand its terms. I understand that I am giving up substantial rights, including the right to sue, and I agree to these terms freely and voluntarily.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_

Date: \_\_\_\_\_