|  |  |
| --- | --- |
| **Participant Information**  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Emergency Contact** Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Acknowledgment of Risks**  
I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, acknowledge that participation in physical fitness activities, including group classes and one-on-one personal training sessions, involves inherent risks. These risks may include, but are not limited to, physical injury, exacerbation of pre-existing medical conditions, dizziness, falls, or other health-related issues. I understand that these risks are heightened for individuals in senior age groups.

**Medical Clearance**  
I affirm that I have consulted with my physician and have been cleared to participate in physical fitness activities. I will inform AC Health & Fitness LLC of any changes to my health status that may affect my ability to safely participate in these activities.

**Assumption of Risk**  
I voluntarily assume all risks associated with my participation in the fitness activities provided by AC Health & Fitness LLC and it’s personal trainers and group exercise instructors. I understand that despite precautions, injuries may occur. I accept full responsibility for my health and wellbeing and or any injuries that may result in my voluntary participation.

**Release of Liability**  
In consideration of being allowed to participate in the fitness activities, I hereby release and hold harmless AC Health & Fitness LLC, its owners, employees, agents, and representatives from any and all claims, demands, or causes of action arising out of or related to any injury, loss, or damage to person or property that may occur during my participation.

**Indemnification**  
I agree to indemnify and hold harmless AC Health & Fitness LLC its owners, employees, agents, and representatives from any claims, damages, or expenses arising from my participation in the fitness activities, including any legal fees incurred.

**Acknowledgment of Understanding**  
I have read this waiver in its entirety, understand its contents, and voluntarily agree to its terms. I acknowledge that by signing below, I am waiving certain legal rights, including the right to sue.

**Participant Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_