

Gym Waiver and Release of Liability Form

Participant Information

Full Name:

Date of Birth:

Phone Number:

Email Address:

Emergency Contact Name:

Emergency Contact Phone Number:

Acknowledgment of Risk

I, the undersigned, acknowledge and agree that participation in activities at AV Athletic, including but not limited to martial arts, Pilates, dance, yoga, fitness, cardio, and TRX, involves inherent risks of physical injury, property damage, or even death. I am voluntarily participating in these activities with full knowledge of the risks involved.

Health and Medical Disclaimer

I confirm that I am in good physical condition and do not suffer from any medical condition that would limit my participation in activities at AV Athletic. I agree to inform AV Athletic staff of any pre-existing injuries or conditions that may affect my participation.

Release of Liability

I release and hold harmless AV Athletic, its owners, employees, trainers, instructors, agents, and

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representatives from any and all claims, liabilities, or demands arising out of injuries, damages, or losses incurred during my participation in activities, use of equipment, or presence on the premises.

Photo/Video Release

I consent to the use of my image in photographs or videos taken during activities at AV Athletic for promotional or marketing purposes. I understand that I may opt out of this clause by providing written notice to AV Athletic.

Agreement to Waiver

I acknowledge that I have read and fully understand this Waiver and Release of Liability. By signing below, I agree to the terms outlined in this document.

Signature of Participant:

Date:

If under 18 years of age: I, the parent or legal guardian of the participant, consent to the above terms on behalf of the minor.

Parent/Guardian Name:

Parent/Guardian Signature:

Date:
