

Success Health & Fitness Liability Waiver

Participant Name:	
Date of Birth:	
Phone Number:	
Email:	

Acknowledgment of Risks

I, the undersigned, understand and acknowledge that participation in physical fitness training, exercise programs, and related activities at Success Health & Fitness involves inherent risks, including but not limited to: muscle strains, sprains, and injuries; cardiovascular events (such as fainting, dizziness, or heart complications); accidents from the use of equipment or facilities; and potential exposure to outdoor or environmental hazards. I voluntarily assume all risks associated with participation in these activities.

Medical Clearance

I confirm that I have either had a recent medical evaluation or chosen not to do so, and I assume responsibility for my participation. I have disclosed any existing health conditions, injuries, or limitations to Success Health & Fitness. I understand that it is my responsibility to stop any activity that causes pain, discomfort, or concern and to inform my trainer immediately.

Release of Liability

In consideration of being allowed to participate in training and related activities with Success Health & Fitness, I hereby release, waive, discharge, and hold harmless Success Health & Fitness, its owners, employees, contractors, and affiliates, from any and all liability, claims, demands, actions, or causes of action arising out of any damage, loss, or injury (including death) to me or my property, whether caused by negligence or otherwise, while participating in activities or using services provided.

Indemnification

I agree to indemnify and hold harmless Success Health & Fitness and its representatives against any claims, damages, or expenses (including legal fees) arising from my participation in fitness activities.

Photography & Media Release (Optional)

I grant permission for Success Health & Fitness to use photographs, videos, or recordings taken during sessions for promotional and educational purposes. ■ Yes ■ No

Participant Signature:		Date:	
Parent/Guardian Signature (if under 18):		Date:	