



Dojo & Gym Waiver of Liability Form

Client Contact Information

Full Name: _____ DOB: _____

Address: _____

Phone: _____ E-Mail: _____

I hereby acknowledge that I am voluntarily participating in physical fitness activities, exercise programs, training sessions and using the facilities, equipment, and services provided by or at ATHLETIC COMPANY LIMITED. In consideration of being allowed to participate, I agree to the terms and conditions set forth in this waiver liability form.

1. Assumption of Risk:

I am aware that physical fitness activities involve inherent risks, including but not limited to, the risk of injury, illness, disability, or death, whether caused by my own actions or the actions of others, the conditions in which the activity takes place, or the negligence of ATHLETIC COMPANY LIMITED or its staff.

2. Fitness Level and Health:

I hereby affirm that I have consulted with a physician and have been cleared to participate in physical fitness activities. I acknowledge that I am solely responsible for monitoring my own physical condition throughout the activities and agree to immediately cease participation if I experience any discomfort, pain, or other symptoms.

3. Release of Liability:

In consideration of being permitted to participate in the physical fitness activities and use the facilities and services at ATHLETIC COMPANY LIMITED, I, on behalf of myself, my heirs, executors, administrators, and assigns, hereby release, discharge, and hold harmless ATHLETIC COMPANY LIMITED, its owners, employees, contractors, and agents from any and all claims, demands, causes of action, and liabilities arising out of or related to any loss, damage, or injury, including but not limited to personal injury, illness, disability, death, or property damage, whether caused by negligence or any other act or omission.

4. Responsibility for Equipment Damage:

I understand that I am responsible for any damage caused to gym equipment or facilities due to my misuse, negligence, or intentional actions. In such cases, I agree to compensate ATHLETIC COMPANY LIMITED for the full cost of repair or replacement of the damaged equipment or property.

5. Indemnification:

I agree to indemnify and hold harmless ATHLETIC COMPANY LIMITED, its owners, employees, contractors, and agents from any and all liabilities, damages, costs, or expenses incurred as a result of my participation in the physical fitness activities or my use of the facilities and services at ATHLETIC COMPANY LIMITED.

6. Medical Treatment:

In the event of any injury or illness during my participation at ATHLETIC COMPANY LIMITED, I hereby consent to receive medical treatment, including but not limited to first aid, CPR, or emergency medical care, as deemed necessary by ATHLETIC COMPANY LIMITED, its staff, or medical professionals.

7. Photo and Video Release:

I grant ATHLETIC COMPANY LIMITED the right to use photographs, videos, or other media taken during my participation at the gym for promotional purposes without compensation.

I have read this Gym Waiver Liability Form and fully understand its contents. I am aware that by signing this document, I am giving up certain legal rights and remedies, including the right to sue ATHLETIC COMPANY LIMITED for any injury, damage, or loss incurred during my participation.

Signed Consent

Client

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OR

Name & Signature of person with parental responsibility / person legally entitled to sign on behalf of a person who lacks capacity

Full Name:

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Signature:

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Date:

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