Template from MOTVIVO · motvivo.com/guides/gym-waiver-template/

Replace everything in grey [brackets], delete what doesn't apply, and have a local lawyer check it before you use it.

[Studio name] – Participation agreement and health questionnaire (version [1.0], [date])

1. Taking part. I'd like to take part in [group classes, reformer classes, open gym, personal training, online classes] at [studio name], [address].

2. Risks. I understand that exercise involves physical effort and some risk, including [muscle strains, sprains, falls, injuries from equipment, contact with other participants], and in rare cases more serious injury or a health event.

3. My health. I have answered the health questions honestly. I'll tell my teacher about any injury, illness, pregnancy or change in my health, check with my doctor where the questionnaire suggests it, and stop if I feel pain or dizziness.

4. No medical advice. I understand that [studio name]'s teachers give exercise guidance only and don't diagnose or treat medical conditions.

5. Rules. I'll follow my teacher's instructions, use equipment as shown and follow the house rules [link or where they're displayed].

6. Accepting risk. [Wording on acceptance of risk and release of liability, as reviewed by your lawyer for your country.]

7. Emergencies. In an emergency, [studio name] may call emergency services and my emergency contact: [name, phone].

8. My information. [Studio name] uses my health answers only to keep me safe in class. Only [teachers and the front desk team] can see them. They're kept for [period] and deleted after [when]. I can ask to see, correct or delete them at [email]. Full details: [privacy policy link].

9. Agreement. I've read and understood this agreement. Name: [ ] · Date of birth: [ ] · Signature: [ ] · Date: [ ]. For under-[18]s: parent or guardian name and signature [ ].

Health questionnaire

Please answer yes or no. If you answer yes to any question, check with your doctor before your first class and tell your teacher.

1. Has a doctor ever told you to limit physical activity, or to exercise only under medical supervision?
   □ Yes □ No
2. Do you have a heart condition or high blood pressure, or do you feel chest pain during activity?
   □ Yes □ No
3. Have you lost consciousness, or lost your balance because of dizziness, in the past year?
   □ Yes □ No
4. Do you have an injury, or a bone, joint or back problem, that could be made worse by exercise?
   □ Yes □ No

5. Have you had surgery or a serious illness in the past [6] months?
   □ Yes □ No
6. Are you pregnant, or have you given birth in the past [6] months?
   □ Yes □ No
7. Do you take medication or have a condition (such as diabetes, asthma or epilepsy) your teacher should know about in an emergency?
   □ Yes □ No
8. Anything else your teacher should know? (optional)

_____

Name · Date · Signature