

## O's GYM WAIVER AND RELEASE AGREEMENT

**Facility:** O's Gym

**Location:** 2091 J A Cochran Bypass Suite K Chester SC 29706

I, the undersigned, wish to use the facilities and participate in activities provided by **O's Gym**. By signing this waiver, I acknowledge and agree to the following terms:

### Participant Information:

- **Full Name:** \_\_\_\_\_
- **Date of Birth:** \_\_\_\_\_
- **Address:** \_\_\_\_\_
- **Phone Number:** \_\_\_\_\_
- **Emergency Contact:** [Name and Phone Number]

### Assumption of Risk:

I acknowledge that using gym facilities, equipment, and participating in physical exercise involves inherent risks, including but not limited to physical injury, strain, discomfort, and the possibility of serious injury or death. I assume all risks and responsibility for any injuries or other medical incidents.

### Waiver and Release:

I hereby release, waive, discharge, and agree not to sue the Provider, its employees, representatives, affiliates, or agents from any claims, demands, liabilities, rights, damages, expenses, and causes of action of any nature arising from my use of the gym facilities, whether caused by the negligence of the Provider or otherwise.

### Medical Representation:

I represent that I am physically fit to use the gym facilities and participate in physical exercise. I have no medical condition that would prevent my safe participation. If I have any medical conditions or concerns, I have consulted with a healthcare provider and obtained clearance to participate.

### Rules and Regulations:

I agree to abide by all rules, regulations, and policies of the Provider,

including proper use of equipment, following safety guidelines, and respecting other members and staff.

**Consent to Medical Treatment:**

I hereby consent to receive any necessary medical treatment resulting from my use of the gym facilities and agree to bear all costs associated with such treatment.

**Acknowledgment:**

I have read this Gym Waiver and Release Agreement, understand its contents, and agree to be bound by its terms. I understand that I am giving up substantial legal rights by signing this document.

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

***Parent/Guardian Signature (if under 18):*** \_\_\_\_\_ **Date:** \_\_\_\_\_