

## **Gym Memberships Waiver and Release of Liability**

**Solo Fitness LLC**

**955 N Imperial Ave. El Centro, Ca 92243**

**201 S. 4th St. El Centro, Ca 92243**

**105 W. 6Th St. Holtville, Ca 92250**

I, the undersigned , acknowledge that participation in gym activities and use of gym facilities involve inherent risk, including but not limited to physical injury, illness, or other health-related issues.

By signing this waiver, I agree to the following:

**Assumption of Risk:** I understand and voluntarily accept all risks associated with my use of the gym facilities, whether caused by negligence or otherwise.

**Release of Liability:** I release and hold harmless Solo Fitness, its owners, employees, and agents from any and all claims, damages, or liabilities arising out of my participation or use of the gym facilities, whether caused by negligence or otherwise.

**Medical Clearance:** I confirm that I am in good health and have consulted with a healthcare professional if necessary before engaging in physical activity. I agree to seek medical advice before starting any new exercise program.

**Personal Responsibility:** I agree to follow all posted rules and instructions, and to use gym equipment responsibly.

### **Member Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

### **Emergency Contact:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_