

Open Workout Release Form

Acknowledgment of Risk, Waiver of Liability, Medical Authorization

I hereby consent to participate in programs offered by St. Louis Gym Centre. It is hereby agreed that I waive and release all rights and claims for damages arising out of participation in the programs of the Centre against the Centre or any of its paid or unpaid workers, for any injuries or damages caused by the negligence or fault of the Centre or of its paid or unpaid workers.

I understand that there are risks in participating in the programs of the Centre and I sign this ACKNOWLEDGEMENT OF RISK, WAIVER OF LIABILITY, MEDICAL AUTHORIZATION voluntarily.

PERMISSION FOR MEDICAL TREATMENT: I confirm that the person named below is in good physical health. I hereby authorize simple first aid and consent to any x-ray, exam or medical diagnosis which is deemed necessary.

Signature

Date

Participant's Name (**PLEASE PRINT LEGIBLY**)

Participant's Phone

Age

DOB

Medical Concerns/Allergies

Emergency Contact's Name (**PLEASE PRINT**)

Emergency Contact's Phone #

Emergency Contact's Relationship to Participant