# Gym Liability Waiver and Release of Liability Form (Virginia)

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 1. Acknowledgment of Risk

I, the undersigned, acknowledge that I am voluntarily participating in activities at [SheStrengthStudio LLC], which may include the use of gym equipment, participation in fitness programs, and other related activities. I understand that these activities involve certain inherent risks, including but not limited to the risk of injury, illness, or even death. I accept and assume all risks and responsibility for any injuries or damages that may occur to me as a result of my participation, including those resulting from the negligence of [SheStrengthStudio LLC], its owners, employees, or agents.

## 2. Release and Waiver of Liability

In consideration of being allowed to use the facilities and participate in activities at [SheStrengthStudio LLC], I hereby release, waive, and discharge [SheStrengthStudio LLC], its owners, employees, trainers, or agents from any and all liability, claims, demands, actions, or causes of action arising out of any damage, injury, or death that I may sustain while participating in any fitness activities, regardless of whether such damage, injury, or death is caused by the negligence of [SheStrengthStudio LLC] or otherwise. This release and waiver shall be construed in accordance with the laws of the Commonwealth of Virginia.

## 3. Indemnification

I agree to indemnify, defend, and hold harmless [Gym Name], its owners, employees, trainers, or agents from and against any and all claims, damages, costs, and expenses, including attorney’s fees, arising from or related to my use of the gym facilities or participation in fitness activities.

## 4. Medical Clearance

I declare that I am physically fit and have no known medical conditions or impairments that could be worsened by my participation in physical activities at [SheStrengthStudio LLC]. I understand that it is my responsibility to consult with a physician before participating in any exercise program, especially if I have a history of health problems.

## 5. Governing Law and Venue

This waiver and release shall be governed by and construed in accordance with the laws of the Commonwealth of Virginia. Any legal action or proceeding arising under this waiver and release shall be brought exclusively in the state or federal courts located in [SheStrengthStudio LLC], Virginia.

## 6. Severability

If any portion of this waiver and release is deemed invalid or unenforceable by a court of competent jurisdiction, the remaining provisions shall remain in full force and effect.

## 7. Acknowledgment of Understanding

I have read this waiver and release of liability and fully understand its terms. I understand that I am giving up substantial rights, including my right to sue, and I sign it freely and voluntarily.

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

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

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