

# Morris Twp Community Gym Liability Waiver & Release

Gym Address:

Phone:

Email:

Please read this waiver carefully before signing.

By signing below, you acknowledge and agree to the following terms:

I understand that participation in activities at Morris Twp Community Gym involves inherent risks, including but not limited to injury, illness, or death. I voluntarily assume all such risks and agree to release and hold harmless Morris Twp Community Gym, its owners, staff, volunteers, and the Township from any and all claims or liabilities arising from participation.

I confirm that I am physically capable of participating and agree to follow all gym rules, posted policies, and staff instructions.

Participant Full Name

Date of Birth

Address

Phone

Email

Emergency Contact Name

Emergency Contact Phone

Acknowledgment:

I have read, understand, and agree to this waiver.

Participant Signature

Date

## **Parent / Guardian Consent (Required if participant is under 18)**

Parent / Guardian Full Name

Relationship to Minor

Parent / Guardian Signature

Date