



GROUP CLASS WAIVER & SOCIAL MEDIA RELEASE

280 E Main St, Suite 118 · Newark, DE 19711

YOUR INFO

FULL NAME

PHONE NUMBER

EMAIL

SOCIAL MEDIA HANDLE (OPTIONAL) @

WAIVER & RELEASE OF LIABILITY

I am voluntarily taking part in group classes at Loyal Fitness. I understand that exercise carries a risk of injury, and I confirm I am physically able to participate. I will follow coach instructions and stop if I feel pain or discomfort. I accept these risks and release Loyal Fitness, its owners, coaches, and staff from any claims for injury, illness, or loss arising from my participation, to the fullest extent allowed by Delaware law, except in cases of gross negligence or willful misconduct. If I am injured, I authorize staff to call for emergency medical care.

☐ I have read and agree to the Waiver & Release of Liability. Initials: _____

SOCIAL MEDIA RELEASE

Loyal Fitness takes photos and video during classes and events. I give Loyal Fitness permission to use my name, social media handle, and image in photos and video on social media, its website, and promotional materials, without payment. Loyal Fitness may tag my handle. I can withdraw this permission for future posts at any time by telling staff.

☐ I agree to the social media release.

☐ I do not agree. Please keep me out of posted photos and video.

SIGNATURE

SIGNATURE

DATE

Participant under 18? A parent or legal guardian must sign below. By signing, I agree to all terms above on behalf of the minor named in Your Info.

PARENT / GUARDIAN NAME

PARENT / GUARDIAN SIGNATURE

DATE

Staff use: Entered in database ☐

Staff initials _____

Date entered _____