

## ADULT CROSSFIT WAIVER (PLEASE PRINT)

Today's Date: \_\_\_\_\_

First Name	Last Name	Date of Birth
Street Address		Email
City	State	Zip
Home Phone	Cell Phone	

### Health Questions

1. Do you smoke? YES NO	Does you have asthma YES NO	Do you take prescription meds? YES NO
What medications? _____		
2. Do you experience pain with the following?:	Back YES NO	Shoulder YES NO
Do you have any previous injuries? YES NO If so, what injuries: _____		
3. Do you experience any of the following?:	High blood pressure YES NO	Diabetes YES NO
Heart Condition YES NO		
4. Is there anything else that we as trainers need to be aware of that may prohibit you to perform exercises? YES NO		
If yes, explain: _____		
5. What CrossFit fitness goals do you have? _____		

### Photography/Video Release

Participants involved in any activities offered by Waypoint CrossFit may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on the Waypoint CrossFit website or in any editorial, promotional or advertising material produced and/or published by Waypoint CrossFit.

Initials: \_\_\_\_\_

### Waiver and Release of Liability

**Express assumption of risk:** I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls which can result in serious injury or death; injury or death due to negligence on the part of myself, my training partner, or other people around me; injury or death due to improper use or failure of equipment; strains and sprains. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at, or under the direction of CrossFit Waypoint CrossFit.

I acknowledge that I have no physical impairments, or illnesses that will endanger others.

Initials: \_\_\_\_\_

**Release:** In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities offered by Waypoint CrossFit, I, the undersigned hereby release Waypoint CrossFit, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, rise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of the agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

Initials: \_\_\_\_\_

**Indemnification:** The participant recognizes that there is risk involved in the types of activities offered by Waypoint CrossFit. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her negligence. Should the above mentioned parties, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Waypoint CrossFit, their principals, agents, employees, and volunteers from liability for the injury or death of any person(s) and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by Waypoint CrossFit, at the main building or abroad. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to main building, and/or any area selected for training by Waypoint CrossFit.

I have read and understood the foregoing assumption of risk, and release liability and I understand that by signing it obligates me to indemnify the parties named for any liability for injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights.

Signature of participant: \_\_\_\_\_

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