

CROSSFIT KIDS WAIVER (PLEASE PRINT)



Child's Name #1	Nickname	Date of Birth
Child's Name #2	Nickname	Date of Birth
Child's Name #3	Nickname	Date of Birth
Parent/Guardian	Relationship	Email
Address	City	State
Home Phone	Cell	Zip
1. Does your child have allergies YES NO Does your child have asthma YES NO		
2. As your child's trainer(s), is there anything I/we need to know that would compromise their ability to train in class? YES NO		
If yes, explain:		

INFORMED CONSENT/ASSUMPTION OF RISK

I am aware that there are significant risks involved in all aspects of physical training. I understand that the reaction of the heart, lungs and vascular system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate; chest, arm or leg discomfort; transient light-headedness or fainting; and in rare instances, heart attack, stroke or even death. Excessive work can result (in rare cases) in exertional rhabdomyolysis. I should look for signs of excessive soreness, darkened urine, and pain in the kidney areas in the days following a particularly intense workout. While this type of injury is relatively rare, it can occur due to a number of factors, including (but not limited to) genetic predisposition or dehydration, that may be beyond the control of my trainer. I understand that the programs and classes offered by Waypoint CrossFit are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. 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. 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 any and all risks to which I am exposing my child as a result of his/her participation in Waypoint CrossFit programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my child's risk of illness and injury as a result of participation in a fitness program designed by Waypoint CrossFit. With my full understanding of the above information, I agree to assume any and all risk associated with my child's participation in Waypoint CrossFit programs/classes. By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive, physical exercise. By signing this document, I acknowledge being informed of the strenuous nature of the program and the potential for unusual, but possible, physiological results including, but not limited to, abnormal blood pressure, rhabdomyolysis, fainting, heart attack, or death. By signing this document, I assume all risk for my child's health and well-being and hold harmless therefrom Waypoint CrossFit, as well as its owners, employees, and other authorized agents including independent contractors. I understand that questions about exercise procedure and recommendations are encouraged and welcome.

Waiver and Release:

I fully understand that my child's personal exercise program may be strenuous and I choose to have my child participate voluntarily. I accept all responsibility for my child's health and any results, injury or mishaps that may affect his/her well-being or health in any way. I waive any claims, demands, causes of action or any claims for relief whatsoever against, and release Waypoint CrossFit (as well as any of its owners, employees, or other authorized agents, including independent contractors) from any and all liability, claims and/or causes of action that I may have for injuries or other damages, arising out of participation in Waypoint CrossFit activities, including, but not limited to the personal training/nutritional programs and programs/classes.

Photo/Video Release:

I hereby grant Waypoint CrossFit permission in perpetuity to use my child’s photograph/video image in any and all publications for CrossFit or Waypoint CrossFit, including web site entries, without payment or any other consideration. I hereby authorize Waypoint CrossFit to edit, alter, copy, exhibit, publish or distribute all photos and images. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child’s photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video images. I hereby hold harmless and release and forever discharge Waypoint CrossFit from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf, my child’s behalf, or on behalf of my estate which may have or may have by reason of this authorization.

Indemnification:

I recognize that there is risk involved in the types of activities offered by Waypoint CrossFit. Therefore I accept financial responsibility for any injury that I or my child may cause either to himself/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 or my child’s negligent or intentional act or omission while participating in activities offered by Waypoint CrossFit.

I have fully read and fully understand the foregoing assumption of risk and release of liability, and I understand that signing it obligates me to indemnify the parties named for any liability for injury or death of any person and/or damage to property caused by my or my child’s negligent or intentional act or omission. I understand that by signing this form, I am waiving valuable legal rights. I have carefully read this Agreement and fully understand its contents. I am aware that this is a release and waiver of liability and sign it knowingly, voluntarily, and of my own free will. I am signing this Agreement for my minor children, listed below.

Child 1 Name (Printed)

Child 2 Name (Printed)

Child 3 Name (Printed)

Parent/Guardian Signature

Parent/Guardian Name (Printed)

Date