

CrossFit Prototype Waiver

First & Last Name: _____

Contact#: (_____) _____ Age: _____ Date of Birth: _____

Street Address _____

City _____ State _____ Zip _____

Email _____

In an emergency, I would like CFP Training to call:

Name _____ Phone# _____

Would you like to be added to CFP email list and stay informed of future CFP Training special events (I.e. "Spartan Challenge, Marine Combat Fitness Test, Wilderness survival Treks, Membership specials, Adventure Races)

Y ___ N ___

How did you hear about us?: _____

We take your health and safety seriously. It's important that we have a good understanding of your current health and background.

Do you(circle one): Smoke? **Y N** Drink alcohol? **Y N**

Take prescription meds? **Y N** If yes, please list all medications and their purpose:

Current level of fitness (1-10): _____

Are you exercising now? **Y N** How much per week? _____ Do you play sports? **Y N**

Do you have(circle one): Back pain, knee pain, shoulder pain, or other: _____

Previous injuries or surgeries? **Y N** If yes, please explain

Do you have (circle one): High blood pressure, Asthma, Diabetes, or a Heart condition?

Any other health conditions not listed? _____

Photography/Video Release

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

Participant Initials: _____ Parent/Guardian initials: _____

Please read carefully before signing-Assumption of Risk, Release of Liability, and Hold Harmless Agreement

I, the undersigned, acknowledge that I have voluntarily elected to participate in the disciplines and activities of CFP Training on behalf of **(circle one) myself my minor**

I understand that the disciplines of CrossFit, Martial Arts, Parkour, Free-running, yoga, and other training events and practices (collectively referred to as "Authentic Fitness"), can be dangerous and involve risks of injury and death. I understand that the moves involved in Authentic Fitness such as running, jumping, climbing, lifting, grappling, vaulting and other strenuous movements entail certain risks that are unpredictable. The risks of such movements involved in high-intensity, high-impact activities may include, among other things: slips and falls; falling from equipment; rope burns; pinches; scrapes; twists and jolts that could result in scratches, bruises, sprains, lacerations, fractures, concussions, broken bones, muscular soreness; wrist, arm and shoulder injuries; musculoskeletal injuries including

head, neck, back; injuries to internal organs; the negligence of other people; my own physical condition; and the risk of emotional and psychological injuries or physical damage associated with this activity. Traveling to and from events and training activities raises the possibility of any manner of transportation accidents. Initials: _____

I agree to cease activity immediately if I feel faint, lightheaded, weak, or in pain. I certify that I am in good physical condition and that I am aware of no physical impairments, illness, or injuries that prevent me from participating in any activities at CFP Training. CFP Training employees are highly skilled and professionally trained. They seek safety first above all else, but they are not infallible. They might be unaware of a participant's true fitness or abilities. They might misjudge the weather, surfaces, or other environmental conditions. It is ultimately up to me and not the instructors, to discontinue activity if I feel that the environment, a physical condition, the actions of myself or others, or any other reason, prohibits safe training.

I understand and acknowledge that my participation in CrossFit may involve risk of serious injury or death resulting from the actions, inactions, or negligence of myself and others, the condition of the facilities, equipment, or areas where CFP takes place, and/or the physically demanding nature of CrossFit. I or my Parent or Guardian, where applicable, warrant and promise that I assume full responsibility for my conduct and safety at all times, whether or not in actual participation and/or during training in CrossFit at any site(s). I understand that this activity takes place on and off the CFP Training premises. Initials: _____

I understand and agree that neither CFP Training, nor any of its owners, directors, employees, participants, volunteers, sponsors, advertisers, and if applicable, owners and lessors of the premises on which the Event(s) takes place (collectively and hereinafter "Releasees") or agent may be held liable for any claims or causes of action, and I personally assume full responsibility for any risks or loss, property damage, stolen property or personal injury, including death, that may be sustained by me as a result of my participation in any activity at CFP Training whether foreseeable or unforeseeable. I agree to use my personal medical insurance as a primary medical coverage payment if accident or injury occurs.

I give full permission for myself, or, If I am signing on behalf of a minor child, for any person connected with CFP Training to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the minor or myself and to transport the minor or myself to a medical facility deemed necessary for the well being of the minor or myself. I agree to indemnify CFP Training for any and all claims brought on my behalf or on the behalf of the named minor by any person acting on myself or my child's behalf; I accept responsibility for all medical expenses incurred by myself or my child in connection with Authentic Fitness or the use of the CFP Training facilities. Initials: _____

The participant recognizes that there is risk involved in all types of activities offered by CFP Training and that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. Therefore the participant accepts full 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 CFP Training, its "Releasees" and other participants 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 CFP Training, at the main building or abroad. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to the main building, trails, and/or any other area selected for an activity by CFP Training.

I have read the foregoing assumption of risk, and release of liability, and by signing it I acknowledge that I fully understand its terms. I have signed it freely and voluntarily without any inducement, assurance, or guarantee being made to me. I understand that by signing this form I am waiving valuable legal rights, and intend my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Name of participant: _____ Date _____

Participant signature: _____

Name of Parent/Legal Guardian if participant is under 18: _____

Signature of Parent/Legal Guardian if participant is under 18: _____

Signature of representative for CrossFit Prototype: _____