

CrossFit Hays Waiver

Name: _____

Email: _____

Address: _____

City, State, Zip: _____ Date of Birth: _____

Home Ph # : _____ Cell Ph # : _____

Is it ok to text you? _____ How did you find out about us? _____

Emergency Contact: _____

Relationship: _____ Phone # _____

Health Questions

Do you:

Smoke? **Y N**

Take prescription meds? **Y N**

Drink alcohol? **Y N**

Play sports? **Y N**

How many times/week are you exercising now? **0 1 2 3 4 5 6**

Do you have any of the following (Please circle)?

Back pain **Y N**

Diabetes **Y N**

Knee pain **Y N**

Heart condition **Y N**

Shoulder pain **Y N**

Previous Injuries **Y N**

High blood pressure **Y N**

Previous Surgeries **Y N**

Asthma **Y N**

Other health conditions **Y N**

Please list surgeries & other health conditions here:

I have read and understand the assumption of risk and release of liability. 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. I understand that by signing this document, I agree to the terms noted in the Release of Liability provided by CrossFit Hays.

Signature of participant: _____ **Date:** _____

If the participant is **under** the age of **18**,

Signature of Parent/Guardian: _____

Print Name: _____ Date: _____

Reviewer Notes:

Release of Liability

Photography/Video Release

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

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. Quality standards and safe execution will be explained and demonstrated at every opportunity during each class. It is up to the client to observe and take note of the instructions. 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 direction of CrossFit Hays.

I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or 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 CrossFit Hays, I, the undersigned hereby release CrossFit Hays, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise 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 this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with CrossFit Hays 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 child and to transport the child to a medical facility deemed necessary for the wellbeing of the child.

Initials: _____

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by CrossFit Hays. 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 CrossFit Hays, 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 CrossFit Hays, 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 CrossFit Hays.

Initials: _____