3309594 Nova Scoia Limited
275 Rocky Lake Drive
Bedford, NS B4A 2T4
Canada

Athlete Waiver

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Phone

Emergency Contact Name

Emergency Contact Phone

In consideration of the fee paid, participant understands that there is a risk of personal injury in the course of instruction and, with this knowledge, agrees to assume the risk of any injury and damages to participant during the time spent in the program.

Specifically, participant agrees to hold harmless Rocky Lake CrossFit and all other individuals, organizations, sponsors, promoters, operators, hosts, instructors, associations, schools, owners, officials, directors, employees and other participants connected with the business from all losses, damages, injuries, causes of actions, claims, or complaints in the event that the participant is damaged or injured in any way during the participation, instruction and/or performance of any exercise or during any activity associated with the event location or during transit to or from the event.

Participant further agrees to strictly obey instructors and observe safety rules.

Because of the physical demands of CrossFit and Weightlifting and/or other physical conditioning instruction, participant understands that he/she must be in good physical condition to participate in the program. Participant understands that in case of injury, the only medical treatment Rocky Lake CrossFit will provide is first aid.

Participant agrees that any pictures, audio, or visual recordings taken of him/her in connection with the seminar can be used for publication, promotion, articles,shows and advertisement without additional consent and without compensation at this time or any other time.

I have read and understand this release and agreement and agree to its provisions. I am not under their influence of any drugs, alcohol, or other intoxicants. I am not suffering from any illness or incapacity. I am over 18 years of age. (If not over 18 years of age, parent or guardian must sign.)

Initial here:

☐ **I agree to these terms.**

Do you have any health concerns, medical conditions or injuries we should be aware of? *

Sign your name below:

Please read the Electronic Records and Signature Disclosure
☐ I agree to use electronic records and signatures