

# NONA CROSSFIT WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

## 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. Injury may also result simply from the fact of physical training itself. By its very nature, physical training seeks to have me push beyond my current physical limits in order to produce a physical adaptation by my body. This requires feedback from me to my trainer regarding what is happening with my body. Excessive work can result (in rare cases) in 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. I am aware that any of these above mentioned risks might 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 the workouts programmed by, in any activity or class while at, or under direction of Nona CrossFit, regardless of the location or conditions under which I perform the workouts. I, the undersigned, acknowledge that I have no physical impairments, injuries, or illnesses that will endanger others or myself.

Initial here: 

## 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 Nona CrossFit, I, the undersigned, hereby release Nona CrossFit, their principals, agents, employees, contractors, 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.

Initial here: 

If I am signing on behalf of a minor child, I also give full permission for any person connected with Nona

CrossFit 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 well being of the child.

**Initial here:**

**INDEMNIFICATION:**

The participant recognizes that there is risk involved in the types of activities offered by Nona 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 Nona CrossFit, their principals, agents, employees, contractors, 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 workouts offered by Nona CrossFit, at the main building or abroad. This includes, but is not limited to parks, recreational areas, playgrounds, and areas adjacent to the main building, and/or any area selected for training by Nona CrossFit. I have read and understood the foregoing assumption of risk, and release of 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 legal rights.

**Initial here:**

**PHOTOGRAPHY/VIDEO RELEASE:**

Participants involved in any activities offered by Nona 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 Nona CrossFit website, or in any editorial, promotional or advertising material produced and/or published by Nona CrossFit.

**Initial here:**

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (under age 18 at time of registration)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

**Initial here:**

I agree to these terms.

**Have you ever experienced shortness of breath or chest pains? \***

Yes  No

**Do you have problems with your knees? \***

Yes  No

**Have you ever had any form of heart disease? \***

Yes  No

**Do you have problems with your back? \***

Yes  No

**Do you have any hip/pelvis problems? \***

Yes  No

**Do you have high blood pressure? \***

Yes  No

**Do you have any neck/shoulder problems? \***

Yes  No

**Do you have diabetes? \***

Yes  No

**Have you participated in strenuous exercise before? \***

Yes  No

**Sign your name below:**

Please read the [Electronic Records and Signature Disclosure](#)

I agree to use electronic records and signatures