WAIVER

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		

Please read and review carefully the following:

Because physical exercise can be strenuous and subject to risk of serious injury, I urge you to obtain a physical examination from a doctor before using any exercise equipment or participating in any exercise activity. You agree that by participating in physical exercise or training activities, you do so entirely at your own risk. Any recommendation for changes in diet including the use of food supplements, weight reduction and/or body building enhancement products are entirely your responsibility and you should consult a physician prior to undergoing any dietary or food supplement changes. You agree that you are voluntarily participating in these activities and assume all risks of injury, illness, or death.

1. In consideration of being accepted as a client by Montco Coach LLC, I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors, and assigns, or anyone else who might claim or sue on my behalf. I do hereby forever waive, release and discharge Kristin M. Jones, David A. Ronca, Brooks Altman and Montco Coach LLC and its officers, agents, employees, representatives, executors and all others acting on their behalf from any and all claims or liabilities for injuries or damages to my person and/or property, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf, arising out of or connected with my participation in any activities, programs or services of Montco Coach LLC or the use of any equipment at various sites, including home, provided by and/or recommended by Montco Coach LLC.



2. I have been informed of, understand and am aware that strength, flexibility and aerobic exercise, including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand and am aware that fitness activities involve a risk of injury, including a remote risk of death or serious disability, and that I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I hereby agree to expressly assume and accept any and all risks of injury or death.



3. I do hereby further declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity or other illness that would prevent my participation in these activities or use of equipment or machinery. I do hereby acknowledge that I have been informed of the need for a physician's approval for my participation in the exercise activities, programs and use of exercise equipment. I also acknowledge that it has been recommended that I have a yearly or more frequent physical examination and consultation with my physician as to physical activity, exercise and use of exercise equipment. I acknowledge that either I have had a physical examination and have been given my physician's permission to participate or I have decided to participate in the exercise activities, programs and use of equipment without the approval of my physician and do hereby assume all responsibility for my participation in said activities, programs and use of equipment.



4. I understand that Montco Coach LLC providing and maintaining an exercise/fitness program for me does not constitute an acknowledgement, representation or indication of my physiological well-being or a medical opinion relating thereto.



5. Agree not to sue any of the persons or entities mentioned above for any claims, costs, liabilities, that I have waived, release or discharged herein.



6. Indemnify, defend and hold harmless the persons or entities mentioned above from any claims made or abilities assessed against them as a result of my actions.



7. To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence.



In consideration of my own personal athletic needs, I hereby agree to enter into an agreement with Montco Coach LLC and agree to commit the time and energy necessary to accomplish my goals. I understand that if I exhibit poor sportsmanship and make others feel uncomfortable that I will be removed from the class with zero refund and not allowed back into any of Montco Coach LLC programs or events.



I agree to these terms.

How did you hear about CrossFit Montco [CFMC]? If referred please indicate name.

Please list any injuries, chronic illnesses (diabetes, COPD, asthma, etc) chronic aches and pains, previous surgeries or any other physical condition

Are you currently on any medications? If so, please list:

Do you have any allergies to medications? If so, please list:

 Do you have CrossFit Experience? *

 □ Yes
 □ No

 How many years experience do you have?

What is your fitness experience? *

What is your fitness goal? *

Sign your name below:

Please read the <u>Electronic Records and Signature Disclosure</u> □ agree to use electronic records and signatures