## WAIVER

Initial here:

WAIVER				
Full Name	Email Address			Gender
Street Address	City	Province/I	Region	Zipcode
Country	Date of Birth			
Please read and review carefully the following:				
Because physical exercise can be strenuous and sequipment or participating in any exercise activity recommendation for changes in diet including to responsibility and you should consult a physician these activities and assume all risks of injury, illness	You agree that by participal the use of food supplement prior to undergoing any die	ating in physical exercise or ts, weight reduction and/o	training activities, yo	ou do so entirely at your own risk. Any nancement products are entirely you
1. In consideration of being accepted as a client kin, successors, and assigns, or anyone else who Brooks Altman and Montco Coach LLC and its offiliabilities for injuries or damages to my person and on their behalf, arising out of or connected with sites, including home, provided by and/or recommendations.	might claim or sue on my bel icers, agents, employees, rep I/or property, including those my participation in any activit	nalf. I do hereby forever was presentatives, executors an e caused by the negligent a ies, programs or services of	nive, release and discl d all others acting or act or omission of an	harge Kristin M. Jones, David A. Ronca, n their behalf from any and all claims on y of those mentioned or others acting
Initial here:				
2. I have been informed of, understand and an activity. I also have been informed of, understand that I am voluntarily participating in these activity involved. I hereby agree to expressly assume and	and am aware that fitness a ities and using equipment a	ctivities involve a risk of inju	ry, including a remot	e risk of death or serious disability, and
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3. I do hereby further declare myself to be physical participation in these activities or use of equipment participation in the exercise activities, programs of frequent physical examination and consultation what a physical examination and have been given of equipment without the approval of my physicial	nt or machinery. I do hereby and use of exercise equipme with my physician as to physic my physician's permission to	acknowledge that I have to ent. I also acknowledge that al activity, exercise and use participate or I have decide	peen informed of the at it has been recome of exercise equipm d to participate in th	e need for a physician's approval for my nmended that I have a yearly or more ent. I acknowledge that either I have the exercise activities, programs and use
Initial here:				
4. I understand that Montco Coach LLC pro- representation or indication of my physiological	-	· · ·	m for me does n	ot constitute an acknowledgement,
Initial here:				
5. Agree not to sue any of the persons or entities	es mentioned above for any	claims, costs, liabilities, th	nat I have waived, re	elease or discharged herein.
Initial here:				

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.
Initial here:	
In consideration of my own personal athletic needs, I hereby agree to enter into an agreement necessary to accomplish my goals. I understand that if I exhibit poor sportsmanship and make a zero refund and not allowed back into any of Montco Coach LLC programs or events.	
Initial here:	
$\ \ \square$ I agree to these terms.	
How did you hear about CrossFit Montco [CFMC]? If referred please indicate	e name.
Please list any injuries, chronic illnesses (diabetes, COPD, asthma, etc) chrophysical condition	onic aches and pains, previous surgeries or any other
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? *	
MI -1 '	
What is your fitness goal? *	
Sign your name below:	
	Please read the Electronic Records and Signature Disclosure
	☐ agree to use electronic records and signatures
	_ ,