Initial here:

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 exercise equipment or participating in any exown risk. Any recommendation for changes in entirely your responsibility and you should coparticipating in these activities and assume a	ercise activity. You agree that b n diet including the use of food nsult a physician prior to under	y participating in physical exercise or training supplements, weight reduction and/or bod going any dietary or food supplement change.	ng activities, you do so entirely at your ly building enhancement products are
1. In consideration of being accepted as a clickin, successors, and assigns, or anyone else Ronca, Brooks Altman and Montco Coach LLC all claims or liabilities for injuries or damages or others acting on their behalf, arising out of equipment at various sites, including home, p	who might claim or sue on my C and its officers, agents, emplo to my person and/or property, it or connected with my participat	behalf. I do hereby forever waive, release ar yees, representatives, executors and all oth including those caused by the negligent act tion in any activities, programs or services of	nd discharge Kristin M Jones, David A ers acting on their behalf from any and or omission of any of those mentioned
2. I have been informed of, understand and a activity. I also have been informed of, understand isability, and that I am voluntarily participating the dangers involved. I hereby agree to express	stand and am aware that fitne	ss activities involve a risk of injury, includio equipment and machinery with full knowled	ng a remote risk of death or serious
Initial here:			
3. I do hereby further declare myself to be physical participation in these activities or use of equipmy participation in the exercise activities, programer frequent physical examination and coneither I have had a physical examination and programs and use of equipment without the and use of equipment.	oment or machinery. I do hereby grams and use of exercise equ sultation with my physician as have been given my physician's	vacknowledge that I have been informed of ipment. I also acknowledge that it has been to physical activity, exercise and use of expermission to participate or I have decided	the need for a physician's approval for n recommended that I have a yearly or ercise equipment. I acknowledge that I to participate in the exercise activities
Initial here:			
4. I understand that Montco Coach LLC representation or indication of my physiolog Initial here:	•	, -	not constitute an acknowledgement,
5. Agree not to sue any of the persons or e	ntities mentioned above for an	y claims, costs, liabilities, that I have wai	ived, release or discharged herein.
6. Indemnify, defend and hold harmless the pactions.	persons or entities mentioned a	bove from any claims made or abilities ass	sessed against them as a result of my

7. To the extent that statute or case law does not prohibit releases for negligence, this release	se is also for negligence.
Initial here:	
In consideration of my own personal athletic needs, I hereby agree to enter into an agree energy necessary to accomplish my goals. I understand that if I exhibit poor sportsmanship class with zero refund and not allowed back into any of Montco Coach LLC programs or ever Initial here:	and make others feel uncomfortable that I will be removed from the
☐ I agree to these terms.	
How did you hear about CrossFit Montco [CFMC]? If referred please inc	licate name.
Please list any injuries, chronic illnesses (diabetes, COPD, asthma, etc) other physical condition	chronic aches and pains, previous surgeries or any
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?	

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What is your fitness experience? *						
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What is your fitness goal? *						
What is your miness your:						
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	-					
	-					
Sign your name below:						
			the Electronic	Records a	nd Sig	<u>nature</u>
	Disclosure					
	I agree to use electronic records and signatures					