

## CAMELBACK CROSSFIT

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

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### Camelback CrossFit Consent Form

Informed consent for the Camelback CrossFit program.

I wish to participate in the CrossFit exercise program conducted by Camelback CrossFit.

I have been fully advised and understand that intense exercise is a part of the CrossFit program. I have been fully advised and understand that exercise involves certain risks that may cause adverse effects to me.

In consideration of my willingness to be involved in this program, I the undersigned, hereby release, hold harmless and indemnify Camelback CrossFit, its employees, agents, officers and directors against any and all claims, which may arise out of, or being in any way connected with my participation with the CrossFit program. This agreement is binding on my heirs, executors, administrators and assigns.

I have read and understand the foregoing. The nature, demands, risks, and benefits have been explained to me and any questions which have occurred to me have been answered to my satisfaction. I understand that I am free to withdraw from participation in the CrossFit program at any time I desire.

Initial here:

**Initial Here**

I agree to these terms.

**Drop-In or Free Trial? \***

No answers to show...

No answers to show...

**Sign your name below:**

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

I agree to use electronic records and signatures