

## CROSSFIT SHEAR FORCE ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

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### Physical Activity Waiver

#### Informed Consent / Assumption of Risk:

I am aware that there are significant risks involved in all aspects of physical training. I understand that the reaction of the heart, lungs and vascular system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate; chest, arm or leg discomfort; transient light-headedness or fainting; and in rare instances, heart attack, stroke or even death. 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. While this type of injury is relatively rare, it can occur due to a number of factors, including (but not limited to) genetic predisposition or dehydration that may be beyond the control of my trainer/coach. I understand that the programs and classes offered by CrossFit Shear Force are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. 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. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s).

Initial here:

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in CrossFit Shear Force programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by CrossFit Shear Force. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in CrossFit Shear Force programs/classes.

Initial here:

**Photo/Video Release:** I hereby grant CrossFit Shear Force permission to use my photograph/video image in any and all publications for CrossFit or CrossFit Shear Force, including web site entries, without payment or any other consideration in perpetuity. I hereby authorize CrossFit Shear Force to record, edit, alter, copy, exhibit, publish or distribute collectively, "Use" all photos and images. I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my photo appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph or video images. I hereby hold harmless and release and forever discharge CrossFit Shear Force from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate which may have or may have by reason of such Use or this authorization.

Initial here:

**Indemnification:** I recognize that there is risk involved in the types of activities offered by CrossFit Shear Force. Therefore I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to my 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 CrossFit Shear Force, 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 activities offered by CrossFit Shear Force.

Initial here:

**I have fully read and fully understand 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 omission. I understand that by signing this form I am waiving valuable legal rights.**

Initial here:

**IMPORTANT NOTE:** Client, by agreeing to partake in CrossFit Shear Force Personal Training / Nutritional Program service and related activities, agrees to release CrossFit Shear Force from liability due to participation. Client is urged to have this release agreement reviewed by their attorney and obtain medical clearance from their doctor before signing. I have carefully read this Agreement and fully understand its contents. I am aware that this is a release and waiver of liability and sign it knowingly, voluntarily, and of my own free will.

Initial here:

☐ I agree to these terms.

Sign your name below:

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

☐ I agree to use electronic records and signatures