## **CROSSFIT ATHLETE WAIVER**

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
		E OF LIABILITY THIS AFFECTS YOUR LEGAL RIGHTS	
INERTIA LLC ("CrossFit TYPE 44") located located at 150 SW Scalehouse loop., ste.1 TYPE 44 West. I agree for myself (and if ap 1. I agree to observe and obey all posted employees, representatives or agents of C	nd at 1129 SE Centennial Blvd., U 01 & 102, Bend, Oregon, 97702 plicable) for the members of my fa I rules and warnings and further	agree to follow any instructions or direction	/EST, LLC ("CrossFit TYPE 44 West") vices of CrossFit TYPE 44 or CrossFi
Initial here:			
(if applicable) my family members, and furtor my family's use of, or presence upon, the	her release and discharge Cross e facilities of CrossFit TYPE 44 or	described activity and I assume full responsibility TYPE 44 or CrossFit TYPE 44 West for in CrossFit TYPE 44 West, whether caused by ding any claim of negligence or recklessne	njury, loss or damage arising out of my / the fault of myself, my family, CrossFi
	s and other litigation costs, which	ossFit TYPE 44 West against all claims, camay in any way arise out of my or my family	
4. I agree to pay for all damages to the fa actions.  Initial here:	acilities of CrossFit TYPE 44 or C	CrossFit TYPE 44 West caused by my or m	y family's negligent, reckless or willfu
5. Any legal, personal injury, contract, busin CrossFit TYPE 44 or CrossFit TYPE 44 We Initial here:	•	m that may arise from participation in the ab	oove, or presence upon the facilities o
	GAL RIGHTS, INCLUDING THE I	rstand it. I further understand th	
☐ I agree to these terms.			
Sign your name below:			
		<u>Disclosure</u>	ronic Records and Signature ic records and signatures