

CROSSFIT CSG AT UPTOWN

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.

WOD Life Fitness, Inc. CrossFit CSG, Owners, volunteers, Directors, Officers, employees, trainers, instructors, Agents, officials, independent contractors, representatives, successors and assigns.

Assumption of Risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. 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 willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while under direction of CrossFit CSG at Uptown

Initial here:

Furthermore, I understand there are inherent risks in all aspects of physical training and I acknowledge that I have been informed of the possible strenuous nature of Functional Fitness training and the potential for undesirable physiological results including, but not limited to, abnormal blood pressure, muscle soreness and fainting. I also acknowledge that I have been specifically warned about the medical condition "Rhabdomyolysis" (see next page) and accordingly I have been advised to limit my effort in order to minimize the risks associated with this condition.

Release of Liability: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities available at CrossFit CSG at Uptown, I, the undersigned hereby release CrossFit CSG at Uptown, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns or transferees. If any portion of this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with CrossFit CSG at Uptown to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the wellbeing of the child.

Initial here:

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by CrossFit CSG. Therefore the participant accepts financial responsibility for any injury that the participant may cause either to him/herself or to any other participant due to his/her 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 CSG, their principals, agents, employees, 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 CSG.

Initial here:

I have read and understood 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:

I understand that there is a 30 day membership cancellation policy and my account must be in good standing and all balances must be taken care of. I acknowledge if my membership cancellation request is within a 30 day period, I will be charged for the upcoming month.

Initial here:

WARNING... Safety first!!!

High intensity exercise must be approached cautiously in the beginning, a gradual ramp up of intensity is necessary to allow muscles cells to adapt to the new demands being placed on them. Failure to do so opens the door to a life threatening condition, known as 'Rhabdomyolysis'. In short, the muscle cells are damaged flooding the bloodstream with toxins that can overwhelm the kidneys as they attempt to cleanse the blood, leading to potential kidney failure. That being said, it is important that you start at a reduced intensity. Brown urine, complete muscle weakness and/or swelling of joints are warning signs of 'Rhabdo'. If you develop these symptoms, seek medical assistance immediately.

☐ I agree to these terms.

Do you have any injuries? If so have you been release by a doctor to exercise? Please explain. *

☐ Yes ☐ No

Do you have any Medical Conditions? Please explain. *

☐ Yes ☐ No

Are you currently exercising? *

☐ Yes ☐ No

Have you participated in CrossFit before? *

☐ Yes ☐ No

Sign your name below:

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

☐ I agree to use electronic records and signatures