CFOT WAIVER

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
CROSSFIT OVERTAKE STRONGLY PARTICIPATION IN ANY EXERCISE PROTOCOLS OF THIS PROGRAM W INTENSITY WORKOUTS AND IT IS IN	PROGRAM WITH YOUR PHY ILL INVOLVE YOU IN RELA	/SICIAN. THE TIVELY HIGH	
FOLLOWING: I , agre	ee to participate in physical trai	ning sessions instructed by	
CrossFit certified trainers, Matt Kyser, aware these fitness sessions are of a na abilities.			-
I recognize and understand these train limited to the following: Injury to the mudeath, injury or death due to negligence due to improper use or failure of equipm willingly assume full responsibility for a CrossFit training program and accept full hereby certify that I know of no medical a fitness program designed by Fitness adverse physical changes during an expressure, fainting, disorder of heart rhy certain prescribed medications may expended and the participation in this CrossFit Fitness Program in this CrossFit Fitness Programs of the program of the	e on the part of myself, my train nent, or injury or death due to a my and all risks that I am expand any and all risks that I am expand any expensibility for any injury or I problems that would increase to OverTake LLC DBA Crosslaterise program. I fully undersome, stroke, and in very rare in exacerbate these physiological anding of the above information	espiratory systems, which can ning partner, or other people at medical condition, whether knowing myself to as a result of death that may result from my my risk of illness and injury as Fit OverTake. I understand that these changes could nstances, heart attack or ever changes and create an ever	result in serious injury or around me, injury or death nown or unknown by me. I of my participation in this participation. a result of participation in the exists the possibility of dinclude abnormal blood in death. I understand that in greater risk of physical
Initial here:			

Release:

In full consideration of the above mentioned risks and hazards and in full consideration of the fact that I am willingly and voluntarily participating in the activities made available by CrossFit OverTake, and with my full understanding of all of the above, I hereby waive, release, remise and discharge Matt Kyser, Alex Kyser, and Fitness OverTake LLC DBA CrossFit OverTake, CrossFit and its agents, officers, principals and employees and volunteers, of any and all liability, claims, demands, action or rights of actions, or damages of any kind related to, arising from, or in any way connected with, my participation in the CrossFit conditioning program.

This agreement shall be binding upon me, my successors, representatives, heirs, executers, 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 permission to administer the necessary first aid, 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 medical facility deemed necessary for the well-being of the child.

Initial here:	

Indemnification:

I recognize there is risk involved in the types of activities offered by CrossFit. Therefore, I accept financial responsibility for any injury that I or 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 costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Matt Kyser, Alex

Kyser, and Fitness OverTake LLC DBA CrossFit OverTake, CrossFit Incorporated, and all 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 OverTake.

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Membership Cancellation Policy:

A 30 day notice will be required for cancellation through a Cancellation Request Form. A request form must be filled out and submitted before any action is taken on your membership. The link to the Membership Cancellation Form can be found at the bottom of each emailed membership payment stub. Refunds will not be granted for cancellations after the payment has been drafted.

Membership Hold Policy:

If you choose to hold your membership, you must fill out a Hold Request Form at least 5 business days prior to the scheduled non-refundable membership renewal. You can freeze your membership anywhere from 1 to 3 months, with a maximum hold of 3 months, in any given calendar year. The link to the Membership Hold Form can be found at the bottom of each emailed membership payment stub. There is a \$7 per week fee for Membership Holds. Once the Membership Hold is over, scheduled membership payments will resume automatically.



Discount Policy:

We do not offer discounts.

We only offer 10% discounts on Memberships in the following situations:

- 1. Paid in Full (Prepaid for "X" amount of months upfront)
- 2. Household Families (applies to all in household)

Drop In Policy:

We dont not allow trial classes for those without previous CrossFit experience. Drop Ins must be from out of town and attend another CrossFit affiliate elsewhere. Those that are local and would like to get started must have an in person consult and be introduced through our new member on-boarding Rise Program before becoming a part of group classes.

Single Drop In: \$25

Week Drop In: (7 day access from time of purchase): \$90

T-Shirts are an additional cost for \$27.

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.

☐ I agree to these terms.		

Do you have any current injuries or health conditions we need to be aware	Do '	you have	any current in	ijuries or	health	conditions	we need	to be	aware
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☐ Yes ☐ No

if so, what are they?	
Have you participated in CrossFit before? * ☐ Yes ☐ No	
Sign your name below:	
	Please read the <u>Electronic Records and Signature</u> <u>Disclosure</u> I agree to use electronic records and signatures