## ATHLETE WAIVER

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
Waiver and Release Form for OTown CrossFit Parl, Initial here:	rticipation		

, willingly assume full responsibility for any and all risks associated with my participation in OTown CrossFit. I understand that participation in any activity, class, or physical fitness program at OTown CrossFit may expose me to risks, and I accept full responsibility for any injury or death that may result.

I hereby certify that I know of no medical problems that would increase my risk of illness or injury as a result of participation in a fitness program designed by OTown CrossFit. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in OTown CrossFit programs/classes.

By signing this document, I acknowledge that I have voluntarily chosen to participate in a program of progressive, physical exercise offered by OTown CrossFit. I understand the strenuous nature of the program and the potential for unusual physiological results, including, but not limited to, abnormal blood pressure, rhabdomyolysis, fainting, heart attack, or death. I assume all risk for my health and well-being and hold OTown CrossFit, its owners, employees, and other authorized agents, including independent contractors, harmless therefrom. I understand that questions about exercise procedure and recommendations are encouraged and welcome.

## Waiver and Release:

I fully understand that my personal exercise program may be strenuous, and I choose to participate voluntarily. I accept all responsibility for my health and any results, injury, or mishaps that may affect my well-being or health in any way. I hereby waive any claims, demands, causes of action, or any claims for relief whatsoever against, and release OTown CrossFit (any of its owners, employees, or other authorized agents, including independent contractors), from any and all liability, claims, and/or causes of action that I may have for injuries or other damages arising out of my participation in OTown CrossFit activities, including but not limited to the personal training/nutritional programs and programs/classes.

## Photo/Video Release:

I hereby grant OTown CrossFit permission to use my photograph/video and live recorded image in any and all publications for CrossFit or OTown CrossFit, including website entries, without payment or any other consideration in perpetuity. I authorize OTown CrossFit to edit, alter, copy, exhibit, publish, or distribute 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 OTown CrossFit from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf may have or may have by reason of this authorization.

## Indemnification:

I recognize that there is a risk involved in the types of activities offered by OTown CrossFit. Therefore, I accept financial responsibility for any injury that I may cause either to myself or to any other participant due to 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 OTown CrossFit, their principals, agents, employees, wolunteers, as well as independent contractors from liability for injury or death and damage to property that may result from my negligent or intentional act or omission while participating in activities offered by OTown CrossFit.

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 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.

Any previous excercise/sports/ and or CrossFit experience? Please lis	t
Any previous injuries/surgeries/illnesses? Please List (Be Specific!)	
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What are you looking to get out of CrossFit? (goals)	
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Sign your name below:	
	Please read the <u>Electronic Records and Signature</u>
	Disclosure ☐I agree to use electronic records and signatures