CLARKSTON FITNESS ATHLETE WAIVER

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
Country	Date of Birth		
I herby agree to the following;			
Initial here:			
1. I (my child) am participating in heal Fitness/Clarkston CrossFit of Clarkston MI:			•
part in workouts. I (my child) recognize the	nat fitness programs require p		
(my child) am fully aware of all of the risks	and nazards involved.		
Initial here:			
2. I (my child) understand that it is my re	esponsibility to consult with a	a physician prior to and regarding my pa	rticipation in health & fitness classes
programs or workshops. I (my child) repr	esent and warrant that I (my	child) am physically fit and I (my child) h	•
prevent my full participation in the exercis	e class, fiedicii programs or w	ωικοπορε.	
Initial here:			
3. In consideration of being permitted t	to participate in Health and	Fitness classes, programs or workshops	, I (my child) agree to assume fu
responsibility for any risks, injuries or dam	·		, , ,
Initial here:			
4. In consideration of being permitted to expressly waive any claim I (my child) mar		· -	
result of participating in the program.	, 3		
Initial here:			
5. I understand that if I bring my childre wellbeing. I will not hold Clarkston Fitness			

care and/or supervision in the gym or on the property, become injured at any time.

Initial here:

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website or in commercial capacity or in any materials produced and/or published	by Clarkston Fitness/Clarkston CrossFit.
7. I, my heirs or legal representatives' forever release waive, discharge and covor death caused by their negligence or other acts.	enant not to sue Clarkston Fitness/Clarkston CrossFit for any injury
I have read the above release and waiver of liability and fully understand its contents. I vo	pluntarily agree to the terms and conditions stated above.
☐ I agree to these terms.	
What are grown are you filling this project out for 2 *	
What program are you filling this waiver out for? st	
	_
Sign your name below:	
	Please read the <u>Electronic Records and Signature Disclosure</u> ☐ agree to use electronic records and signatures

6. Athletes may on occasion be photographed or filmed during training at the Clarkston Fitness/Clarkston CrossFit facility. The undersigned herby consents to the use of these photographs, without compensation, payment or reimbursement, by Clarkston Fitness/Clarkston CrossFit on its