STUDENT SCHOOL WAIVER

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
We are excited to have him/her in our group. Please read the following waiver and initial each term. Waiver and Release of Liability Mnor Child			
1. In signing this document, I acknowledge that I a personal fitness training activity and program at C activity, and both benefits and risks may be assocional fitness. Sopo Germantown's equipment participate in these activities and the use of these to my child, I do hereby forever waive, release an claims or liabilities for injuries or damages to my others acting on their behalf, arising out of or conthe use of any equipment provided by or recommendations. 2. I have been informed of, understand and am averaged have been informed of, understand and are activity. I also have been informed of, understand and am averaged have been informed of an activity. I also have been informed of, understand and am averaged have been informed of an activity of a second have been informed of or contractive have been informed of or contracti	CrossFit Sopo Germantown. I understated with any exercise program. I agree on the premises, I do so knowing en facilities and premises. I do hereby as and discharge CrossFit Sopo Germantochild and/or property, including those enected with my child's participation in anded by CrossFit Sopo Germantown. Provided by CrossFit Sopo Germantown. Provided that strength, endurance, flexibility anderstand and am aware that fitness a wing my child in participating in these are to expressly assume and accept any physically sound condition, free of import, mechanical or otherwise, free standing the physically sound condition, free standing the physical standard the physical	and that there is a certain amount of rise to allow my child to engage in physical tirely of the risk and I agree that I amount assume all responsibility or risk of possiown, its staff, employees, or owners of caused by the negligent act or omission any activities, programs or services of elease A and aerobic exercise, including the use ctivities involve a risk of serious injury, it activities and using equipment with full or and all risk of injury. Please Deairment, disease, infirmity or other illing. Please	sk associated with any physical al exercise or activity, or the use voluntarily allowing my child to ble injury, illness, or even death on their behalf from any and all on of any of those mentioned or CrossFit Sopo Germantown or CrossFit Sopo Germantown or child and a remote risk of death knowledge, understanding and these that would prevent his/her
4. I have carefully read the above liability release a of the minor named herein. Please Initial here:	nd sign it with full legal capacity, author	rization and knowledge of its contents a	ind significance to act on behalf
☐ I agree to these terms.			
Sign your name below:			
		Please read the <u>Electronic</u> <u>Disclosure</u> [I agree to use electronic reco	Records and Signature ords and signatures