

ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

I am voluntarily choosing to participate in physical fitness programming ("Program" or "Programs") sponsored by CrossFit Sanitas ("CFS"). CFS has made me fully aware that these Programs are strenuous and are designed to test and expand the limits of my physical abilities. I recognize and understand that the risks inherent in Program participation include serious injury and death.

I willingly assume full responsibility for all risks associated with my participation in CFS Programs, including those due to pre-existing medical conditions and pre-dispositions. With complete understanding of the above mentioned risks and in consideration of the fact that I am voluntarily participating in CFS Programs, I hereby release CFS, its employees, agents, representatives and assigns of all liability for resulting claims, including those allegedly attributed to negligence.

I accept full responsibility for any injury that I cause to others or to myself intentionally or through my own negligence while participating in these Programs or visiting CFS' facilities. I further agree to indemnify and hold harmless CFS, its employees, agents, representatives and assigns from liability for the injury or death of any person(s) and damage to property that may result from my negligence or willful misconduct while participating in Programs or visiting CFS facilities. Should it become necessary for CFS, its employees, agents, representatives or assigns to incur attorney's fees and costs to defend themselves from any claim, liability, demand, actions or causes of actions related to, in any way, my participation in the Programs, I agree to indemnify and hold harmless CFS, its employees, agents, representatives or assigns and to pay their reasonable costs and attorney's fees expended on said action.

Use of photo & video likeness: From time to time, CFS and its agents may shoot photo and video footage for archival and marketing purposes. I hereby grant my blanket consent to CFS for the ownership and use of such photo and video likeness.

THIS WAIVER SHALL CONSTITUTE ACKNOWLEDGEMENT OF MY RIGHT TO COMMENCE ACTION AGAINST CFS, ITS EMPLOYEES, AGENTS, REPRESENTATIVE OR ASSIGNS, AND SPECIFICALLY MY INTENTION TO VOLUNTARILY RELINQUISH ANY SUCH RIGHT. IN SIGNING THIS DOCUMENT, I FULLY RECOGNIZE THAT IF I AM INJURED WHILE I AM ENGAGED IN ANY PROGRAMS, I WAIVE MY RIGHT TO MAKE A CLAIM OR FILE A LAWSUIT AGAINST CFS, ITS EMPLOYEES, AGENTS, REPRESENTATIVE OR ASSIGNS, EVEN IF THEY ACT NEGLIGENTLY.

My signature below indicates that I have read and fully understand the foregoing assumption of risk, release of liability, and agreement to indemnify CFS and its agents. I understand that by signing this form I am waiving valuable legal rights. This agreement shall be binding upon my successors and me. If any portion is held invalid, I agree that the remainder shall remain in full legal force and effect.

I agree to these terms.

Sign your name below:

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

I agree to use electronic records and signatures