

## ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

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**CROSSFIT 184 STRONGLY RECOMMENDS THAT YOU CLEAR YOUR  
PARTICIPATION IN ANY EXERCISE PROGRAM WITH YOUR PHYSICIAN. THE  
PROTOCOLS OF THIS PROGRAM WILL INVOLVE YOU IN RELATIVELY HIGH  
INTENSITY WORKOUTS AND IT IS IMPORTANT YOU UNDERSTAND THE  
FOLLOWING:**

I agree to participate in physical training sessions instructed by CrossFit certified trainers Zev Green, or trainers affiliated with CrossFit 184. **I am fully aware these fitness sessions are of a nature and kind that are extremely strenuous and will push me to the limits of my physical abilities.**

I recognize and understand these training sessions are not without varying degrees of risk, which may include, but are not limited to the following: Injury to the musculoskeletal and/or cardio respiratory systems, which can result in serious injury or death, injury or death due to negligence on the part of myself, my training partner, or other people around me, injury or death due to improper use or failure of equipment, or injury or death due to a medical condition, whether known or unknown by me.

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in this CrossFit training program and accept full responsibility for any injury or death that may result from my participation. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by CrossFit 184. I understand there exists the possibility of adverse physical changes during an exercise program. I fully understand that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death. I understand that certain prescribed medications may exacerbate these physiological changes and create an even greater risk of physical damage or death. With my full understanding of the above information, I agree to assume any and all risks associated with my participation in this Fitness Program.

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 184, and with my full understanding of all of the above, I hereby waive, release, remise and discharge Zev Green, CrossFit 184 LLC dba CrossFit 184, its agents, partners, 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, executors, 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.

**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 Zev Green, CrossFit 184 LLC dba CrossFit 184, their partners, 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 184.

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.

Initial here:

I may, on occasion, be photographed during training at CrossFit 184. The undersigned hereby consents to the use of these photographs, without compensation, on the CrossFit 184 web site and/or in any editorial or promotional material produced and/or published by CrossFit 184.

Participant or Legal Guardian:

Initial here:

☐ I agree to these terms.

**Do you have injuries, pain or past surgeries that we should be aware of?**

☐ Yes ☐ No

**Explain:**

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**Do you have any medical conditions CF 184 should be aware of?**

☐ Yes ☐ No

**List and Describe:**

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**Were you referred? \***

☐ Yes ☐ No

**If so, by who? (first and last name)**

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**Sign your name below:**

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Please read the [Electronic Records and Signature Disclosure](#)  
☐ I agree to use electronic records and signatures

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