PRAETORIAN CROSSFIT WAIVER

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
04	D. ((D'. ()		
Country	Date of Birth		
I willingly assume full responsibility for any Perry, Ga., 31069 (which will be referred to a			
activity, class or physical fitness program. I			
participation in a fitness program designed	by Praetorian CrossFit. With my f	ull understanding of the above information	on, I agree to assume any and all risk
associated with my participation in Praetorian	n CrossFit's programs/classes.		
Initial here:			
By signing this document, I acknowledge tha	t I have voluntarily chosen to partic	ipate in a program of progressive, physic	al exercise. By signing this document,
acknowledge being informed of the strenuou	· · · · · · · · · · · · · · · · · · ·		
to, abnormal blood pressure, rhabdomyolos hold Praetorian CrossFit, as well as its owne			,
that questions about exercise procedure and			iors, narmiess there from it understand
Initial here:			
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 in any way. I waive any	claims, demands, causes of action or a	ny claims for relief whatsoever against
and release Praetorian CrossFit (as well as	•	•	•
liability, claims and/or causes of action that I not limited to the personal training/ nutritional			torian Cross Fit activities, including, but
	programo ana programo/olasses		
Initial here:			
Photo/Video Release: I hereby grant Praetor	ian CrossFit permission to use m	ny photograph/video image in any and all	publications for Crossfit or Praetoriar
CrossFit, including web site entries, without	payment or any other consideration	n in perpetuity. I hereby authorize Praeto	rian CrossFit to edit, alter, copy, exhibit,
publish or distribute all photos and images.		,	
appears. Additionally, I waive any right to ro harmless and release and forever discharge			
administrators, or any other persons acting o			•
Initial here:			
Indemnification: I recognize that there is risk	involved in the types of activities	offered by Practorian Cross Fit Therefore	Laccont financial recognibility for any
injury that I may cause either to myself or to	••	•	
behalf, be required to incur attorney's fees ar	• • •	• •	
and hold harmless Praetorian CrossFit, their			• • • • • •
property that may result from my negligent or I have fully <u>read</u> and fully <u>understand</u> the for	·		
the parties named for any liability for injur			
understand that by $\underline{\text{signing}}$ this form I am \underline{w}	aiving valuable legal rights.		
I have carefully read this Agreement and fully and of my own free will.	understand its contents. I am aw	rare that this is a release and waiver of li	ability and sign it knowingly, voluntarily,
☐ I agree to these terms.			
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Please read the <u>Electronic Records and Signature</u> <u>Disclosure</u>

☐I agree to use electronic records and signatures