

CROSSFIT POTENTIA/ WELLNESS AT THE HILL

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

I,

Initial here:

, agree to participate in one or more physical fitness program(s)/class(es) sponsored by Crossfit Potentia LLC/ Wellness At The Hill LLC, which may include, but not necessarily be limited to, Crossfit Training, and/or training of any kind by any affiliate, subsidiary or partnership of Crossfit Potentia LLC, and/or Charles T. Lollis Jr, Krista Mayberry, and Kaycee Hines (hereinafter collectively referred to as Crossfit Potentia, LLC/ Wellness At The Hill). Crossfit Potentia/ Wellness At The Hill made me fully aware that the fitness programs/classes which Crossfit Potentia/ Wellness At The Hill offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities. I undersigned, recognize and understand that the programs/classes are not without varying degrees of risk which may include, but are not limiting 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 am aware that any of these above mentioned risk may result in serious injury or death to myself and/or my partner(s).

Initial here:

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in Crossfit Potentia/ Wellness At The Hill programs/classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. 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 Potentia/ Wellness At The Hill. Crossfit Potentia/ Wellness At The Hill informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. Crossfit Potentia/ Wellness At The Hill informed me that these changes could include abnormal blood pressure, fainting, disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death, and I fully understand the same. With my full understanding of the above information, I agree to assume and all risk associated with my participation in Crossfit Potentia/ Wellness At The Hill's fitness programs/classes.

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 Potentia/ Wellness At The Hill, and with my full understanding of all of the above, I hereby waive, release, remise and discharge Crossfit Potentia/ Wellness At The Hill and its other coaches, agents, officers, principals and employees and volunteers, of any liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with my participation in Crossfit Potentia/ Wellness At The Hill's fitness programs/classes, including those allegedly attributed to the negligent acts or omission of the above mentioned parties.

Initial here:

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.

Initial here:

If I am signing on behalf of a minor or child, I also give full permission for any person connected with Crossfit Potentia to administer first aid deemed necessary, 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 a medical facility deemed necessary for the well being of the child

Initial here:

Indemnification: I recognize that there is risk involving in the types of activities offered by Crossfit Potentia/ Wellness At The Hill 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 requires to incur attorney's fees and costs to enforce this agreement, I agree to reimburse them for such fees and costs. I further agree to indemnify and hold harmless Crossfit Potentia/ Wellness At The Hill, their principals, coaches, 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 Potentia/ Wellness At The Hill.

Initial here:

Use of picture(s)/film/likeness: I agree to allow Crossfit Potentia/ Wellness At The Hill, its agents, coaches, officers, principals, employees and volunteers the picture(s), film and/or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree I must inform Crossfit Potentia/ Wellness at The Hill in writing.

Initial here:

I have fully read and understand the foregoing assumption of risk, and release of liability and I understand that by signing(initialing) 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(initialing) this form I am waiving valuable legal rights.

Initial here:

☐ I agree to these terms.

Have you ever had any form of heart disease? *

☐ Yes ☐ No

Do you have high blood pressure? *

☐ Yes ☐ No

Do you have previous problem with or had surgeries to joints/ neck or back? *

☐ Yes ☐ No

Are you diabetic? *

☐ Yes ☐ No

Do you have shortness of breath or asthmatic? *

☐ Yes ☐ No

Are you currently taking any medications? *

☐ Yes ☐ No

Is there any reason that you should not participate in exercise? *

☐ Yes ☐ No

Sign your name below:

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

☐ I agree to use electronic records and signatures