

COI ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Waiver and Release of Liability

Expressed assumption of risk: I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to, falls, 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; and strains and sprains. I am aware that any of these above-mentioned risks may result in serious injury or death to myself and/or my partner(s). I willingly assume full responsibility for the risks to which I am exposing myself, and I accept full responsibility for any injury or death that may result from participation in any activity or class while at or under the direction of CrossFit OwnIt.

I, the undersigned, acknowledge that I have no physical impairments or illnesses that will endanger myself or others.

Initial here:

☐ I agree to these terms.

Have you ever had any of the following? Heart disease (you or your family), shortness of breath, chest pains, high BP, diabetes, smoking? *

☐ Yes ☐ No

Do you have any problems in the following areas? Knees, Lower Back, Neck, Shoulders, Hip/Pelvis, Other? *

☐ Yes ☐ No

Are you currently taking any medication? *

☐ Yes ☐ No

Please list details for any questions you may have answered "Yes" to above. Type "NA" if not applicable. *

Are you aware of any reason that you should not participate in exercise/CrossFit? *

☐ Yes ☐ No

Sign your name below:

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

☐ I agree to use electronic records and signatures

