PORTLAND BEACH CROSSFIT WAIVER

Email Address		Gender
City	Province/Region	Zipcode
Date of Birth		
	City	City Province/Region

- Injury to the musculoskeletal and/or cardio respiratory system 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.
- Injury or death due to a medical condition, whether known or unknown to me.

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in the Portland Beach CrossFit training regime, and accept full responsibility for any death that may result from participation in any activity or physical exercise regime. I hereby certify that I know of no medical problems that could increase my risk of illness and injury as a result of participation in a fitness regime designed by PBCF. PBCF informed me that there exists the possibility of adverse physical change during an exercise regime and I fully understand the same. Portland Beach CrossFit has 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. With my full understanding of the above information I agree to assume all risk associated with my participation in PBCF's fitness training regime.

Release of Liability

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 PBCF, I hereby waive, release and discharge Portland Beach CrossFit and its employees and volunteers of any kind related to, arising from, or in any way connected with my participation in the fitness regime.

This agreement shall be binding upon me. If any portion of this agreement is held invalid, I agree that the reminder of the agreement shall remain in full legal force and effect.

I recognise that there is risk involved in the types of activities offered by PBCF. Therefore, I accept financial responsibility for any injury that I may cause either to myself or to any other participants due to my negligence. I further agree to indemnify and hold harmless PBCF, their 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

I agree to allow PBCF, its employees and volunteers to use picture(s), film and/or likenesses of me for advertising purposes. In the event I choose not to allow use of such media I must inform them of this in writing.

I have fully read and understand the foregoing assumptions of risk and release of liability, and I understand that by signing below 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 be signing this form I am waiving valuable legal rights.		
☐ I agree to these terms.		
Sign your name below:		
	Please read the <u>Electronic Records and Signature Disclosure</u> ☐ agree to use electronic records and signatures	