

HIVE ACTIVE WAIVER - KIDS & TEENS

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

General Statement of Program Objectives & Procedures

I understand that this physical fitness program includes exercises to build the cardio respiratory system (heart & lungs), the musculoskeletal systems (muscle endurance and strength, and flexibility), and to improve body composition (decrease of body fat in individuals needing to lose fat, with an increase in weight of muscle and bone). Exercise may include aerobic activities, callisthenic exercises, gymnastics and weight lifting to improve muscular strength and endurance and flexibility exercise to improve joint range of motion.

Initial here:

By submitting your initials you understand and are in agreement of the General Statement of Program Objectives & Procedures

Description of Potential Risks

I understand the reaction of the heart, lung and blood vessel system to exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart attacks. Use of weight lifting equipment and engaging in heavy body calisthenics may lead to musculoskeletal strains, pain and injury if adequate warm-up gradual progression, and safety procedures are not followed. I understand that Hive Active Pty Ltd shall not be liable for any damages arising from personal injuries sustained by attendee while and during any Hive Active Pty Ltd programmed or Open Gym sessions. Attendee using exercise equipment at Hive Active does so at his/her own risk. Attendee assumes full responsibility for injuries or damages which may occur during training. I hereby fully and forever release and discharge Hive Active Pty Ltd, its assigns and agents from all claims, demands, rights or action, present and future therein. I understand and warrant, release and agree that I am in good physical condition and that I have no disability, impairment or ailment preventing me from engaging in active or passive exercise that will be detrimental to heart, safety, or comfort, or physical condition if I engage or participate (other than those items fully discussed prior to exercise). I state that I have had a recent physical check-up and have my General Practitioner's permission to engage in aerobic and /or anaerobic conditioning.

Initial here:

By submitting your initials you understand and are in agreement of the Description of Potential Risks

Description of Potential Benefits

I understand that a program of regular exercise for the heart, lungs, muscles and joints has many benefits associated with it. These may include a decrease in body fat, improvement in blood fats and blood pressure, improvement in physiological function, and decrease in risk of heart disease.

Initial here:

By submitting your initials you understand and are in agreement of the Description of Potential Benefits

Photo/Video Release Form

I grant Hive Active Pty Ltd, its representatives and employees the right to take photographs of me and my property in connection with the above identified subject. I authorise Hive Active Pty Ltd, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Hive Active Pty Ltd may use such photographs of me with or without my name and for any lawful purpose, including for example purposes such as publicity, illustration, advertising and web content. Select YES or No in questionnaire.

HA CrossFit Kids and Teens Program Letter

I have read and acknowledge the policies and procedures set forward in the HA CrossFit Kids and Teens Program Letter/Note.

Initial here:

By submitting your initials you understand and are in agreement of the policies and procedures set forward

Final Statement of Understanding

I have read the forgoing information, understand it, and all the information provided is accurate to the best of my knowledge. Any questions which may have occurred to me have been answered to my satisfaction.

☐ I agree to these terms.

Do you agree to the Photo/Video Release Form conditions? *

☐ Yes ☐ No

Sign your name below:

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

☐ I agree to use electronic records and signatures