ATHLETE WAIVER			
Full Name	Email Address	Email Address	
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
Athletics made me fully aware that the fare extremely strenuous and can/may p not without varying degrees of risk which can result in serious injury or death,	, agree to participate in one or mo, CrossFit Classes, Personal Training itness programs/classes which Mode ush me to the limits of myphysical about the may include, but are not limited to the ury or death due to negligence on the t, or injury or death due to a medical of	nore activities sponsored by Modern Athletic ng, Group Fitness Training, and/or training of ern Athletics offers and in which I desire to pa politities. I the undersigned recognize and unde ne following: injury to the musculoskeletal and part of myself, my training partner, or other p condition, whether known or unknown by me tner(s).	any kind by Modern Athletics. Modern articipate are of a nature and kind that rstand that the programs/classes are d/or cardio respiratory systems which eople around me, injury or death due
accept full responsibility for any injury on medical problems that would increate Athletics informed me that there exists Athletics informed me that these changes	r death that may result from participal ase my risk of illness or injury as a resthe possibility of adverse physical ages could include abnormal blood pread the same. With my full understand	myself to as a result of my participation in Mo tion in any activity, class, or physical fitness p result of participation in a fitness program d changes during an exercise program, and essure, fainting, disorder of heart rhythm, strading of the above information, I agree to ass	orogram. I hereby certify that I know of esigned by Modern Athletics. Modern I fully understand the same. Modern oke, and in very rare instances, heart
activities made available by Modern At Athletics and its agents, officer, principa any kind related to, arising from, or in	hletics, and with my full understandi als and employees and volunteers, of an any way connected with my partici	d in full consideration of the fact that I am willing of all of the above, I hereby waive, rele f any and all liability, claims, demands, actio ipation in Modern Athletics fitness programties. This agreement shall be binding upon	ase, remise, and discharge Modern ns or rights of action, or damages of s/classes, including those allegedly

heirs, executors, assigns, or transferees. If any portion of this agreement in held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect. If I am signing on behalf of a minor child, I also give full permission for any person connected with Modern Athletics to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medial and/or surgical care for the child and to transport the child to a medical facility deemed necessary for the wellbeing of the child.

Initial here:	

INDEMNIFICATION: I recognize that there is risk involved in the types of activities offered by Modern Athletics DBA CrossFit Modern. Therefore, I accept financial responsibility for any injury that I or any participant may cause either to him/herself or to any other participant to due to his/her negligence. Should the abovementioned parties, or anyone acting on their behalf, be required 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 Modern Athletics, their principals, 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 Modern Athletics.

Initial here:	

I have fully read and fully understand the foregoing assumption of risk, and release of liability and I understand that by signing 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

☐ I agree to these terms.	
Sign your name below:	
	Please read the <u>Electronic Records and Signature</u>
	<u>Disclosure</u>
	☐ agree to use electronic records and signatures

by signing this form I am waiving valuable legal rights.