HUNTINGTON BEACH STRENGTH AND	CONDITIONING, LLC			
Full Name	Email Address			Gender
Street Address	City	Provin	ce/Region	Zipcode
Country	Date of Birth			
Country	Date of Birth			
	WAIVER AND	RELEASE OF LIABILITY	Ľ	
Huntin	igton Beach Strength and Co	onditioning, LLC d/b/a	CrossFit ShoreBreak	
19	9400 Beach Boulevard, Suite	e 1, Huntington Beach,	California 92648	
*Express assumption of risk:				
*I understand that no matter how diligent myself a contract covid-19.	and others are about main	taining proper cleanlin	ess and distance pro	tocols there will always be a chance I can
I, the undersigned, am aware that there are signific in serious injury or death, injury or death due to neg	•			
failure of equipment. I am aware that any of these a	bove-mentioned risks may	result in serious injury	or death to myself and	I or my partner(s).
*I willingly assume full responsibility for the risks thany activity or class while at Huntington Beach Stre		•		•
that will endanger myself or others.				
Initial here:				
*Release: In consideration of the above mentioned				
available at Huntington Beach Strength and Condit agents, employees, and volunteers from any and al with my participation in this activity, including those	Il liability, claims, demands	, actions or rights of act	ion, which are related	to, arise out of, or are in any way connected
*This agreement shall be binding upon me, my s invalid, I agree that the remainder of the agreeme	uccessors, representative	es, heirs, executors, a		
Initial here:				
*If I am signing on behalf of a minor child, I als	so give full permission fo	r any person connect	ted with Huntington I	Beach Strength and Conditioning, LLC to
administer first aid deemed necessary, and in c transport the child to a medical facility deemed ne			n to call for medical	and or surgical care for the child and to
·	·		Development B	Observable and Opendidate to U.O.T. (
*Indemnification: The participant recognizes that the participant accepts financial responsibility for a	-	•		•
Should the above-mentioned parties, or anyone ac	cting on their behalf, be requ	uired to incur attorney's	s fees and costs to en	force this agreement, I agree to reimburse
them for such fees and costs. I further agree to ind and volunteers from liability for the injury or death	•	•	•	
participating in activities offered by Huntington Beach			ay icouit iiOiII IIIY Ne(gingent of intermedial act of Offission Wille

ADDENDUM TO WAIVER/RELEASE

Initial here:

19400 Beach Boulevard, Suite 1, Huntington Beach, California 92648

Huntington Beach Strength and Conditioning, LLC d/b/a CrossFit Shorebreak ("CrossFit Shorebreak") has put into place preventative measures to reduce the spread and possible exposure to and illness from infectious diseases including but not limited to MRSA influenza, and COMD-19 (collectively, "communicable diseases"); however, CrossFit Shorebreak cannot guarantee that you or your child(ren) will not become infected with communicable diseases. Further, participating in physical training at CrossFit Shorebreak could increase your risk and your child(ren)'s risk of contracting communicable diseases.

n consideration of being allowed to participate (before, during and after) in physical trainin acknowledges, appreciates, and agrees that:	ng and related events and activities at CrossFit Shorebreak, the undersigned
Participation includes possible exposure to and illness from communicable disc particular rules and personal discipline may reduce this risk, the risk of serious illness.	-
2. I KNOWNGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown OF THE RELEASEES or others before, during, or after participation, and assume full	
3. I willingly agree to comply with the stated and customary terms and conditions f however, I observe and any unusual or significant hazard during my presence or attention of the nearest staff member immediately, and.	
Initial here: 4. I, for myself and on behalf of my heirs, assigns, personal representatives and restrength and Conditioning, LLC d/b/a CrossFit Shorebreak, their officers, official sponsors, advertisers, and if applicable, owners and lessors of premises used to publicate the LLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHET RELEASEES OR OTHERWISE, to the fullest extent permitted bylaw.	als, agents, and/or employees, other participants, sponsoring agencies provide physical training ("RELEASEES"), WTH RESPECT TO ANY AND ALL
*I have read and understood the foregoing assumption of risk, and releandemnify the parties named for any liability for injury or death of any person are or omission. I understand that by signing this form I am waiving valuable legal or omission.	and damage to property caused by my negligent or intentional ac
IF YOU ARE UNDER THE AGE OF 18 YEARS OLD PLEASE HAVE YOUR PARENT/GU	ARDIAN SIGN THE WAIVER ON YOUR BEHALF. *
☐ I agree to these terms.	
Sign your name below:	
	Please read the Electronic Records and Signature Disclosure agree to use electronic records and signatures