

# ATHLETE WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

I, agree to participate in one or more physical fitness program (s) / class (es) sponsored by Drop Box CrossFit, which may include, but not necessarily be limited to foundations, strength training of any kind by any affiliate, subsidiary or partnership of Drop Box CrossFit and / or Gerald Ocampo, Art Chevalier or employed trainers (hereinafter collectively referred to as Drop Box CrossFit.) Drop Box CrossFit made me fully aware that the fitness program / classes which Drop Box CrossFit offers and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push to the limits of my physical abilities. I the undersigned recognize and understand that the programs/classes are not without varying degrees of risk; which may include, but are not limited to the following:

Injury to the musculoskeletal and/or cardio respiratory systems 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, or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above mentioned risks may result in serious injury or death to me and / or my partner(s).

Initial here:

I willingly assume full responsibility for any and all risks that I am exposing myself to as a result of my participation in Drop Box CrossFit programs / classes and accept full responsibility for any injury or death that may result from participation in any activity, class or physical fitness program. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in a fitness program designed by Drop Box CrossFit. Drop Box CrossFit informed me that there exists the possibility of adverse physical changes during an exercise program, and I fully understand the same. Drop Box CrossFit 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, and I fully understand the same. With my full understanding of the above information, I agree to assume any and all risk associated with my participation in Drop Box CrossFit programs / classes.

Initial here:

## RELEASE

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 Drop Box CrossFit, and with my full understanding of all of the above, I hereby waive, release, remise and discharge Drop Box CrossFit and its agents, officers, principles, employees and volunteers, of any and all liability, claims, demands, actions or rights of action, or damages of any kind related to, arising from, or in any way connected with, my participation in Drop Box CrossFit fitness programs/classes, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties.

This agreement shall be binding upon me, my successors, representatives, heirs, executors, assigns, or transferees. If any portion of this agreement is 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 Drop Box CrossFit to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Initial here:

**Indemnification:** I recognize that there is risk involved in the types of activities offered by Drop Box CrossFit. Therefore I accept financial responsibility for any injury that I, or the participant may cause either to him/herself or to any other participant due to his / her negligence. Should the above mentioned parties, or any one 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 Drop Box CrossFit, their principles , 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 Drop Box CrossFit.

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**Use of picture(s)/film/likeness:** I agree to allow Drop Box CrossFit, its agents, officers, principals, employees and volunteer's the picture(s), film and / or likeness of me for advertising purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform Drop Box CrossFit of this in writing.

Initial here:

**Open Gym Unstaffed Hours:** I understand the use of Drop Box CrossFit facilities under the unstaffed open gym hours are not monitored by Drop Box CrossFit employees, and your use of the equipment and facilities is at your own risk. Drop Box CrossFit will not be responsible or liable for any injury or damages incurred by you arising out of or related in any way with your use of the equipment and facilities. Use of open gym is at sole discretion of Drop Box CrossFit and any violation of the rules and regulations can result in cancellation of membership. Rules and regulations for "Open Gym" use are posted at the gym, and such membership can be revoked at any time! **All minors must be accompanied by a parent during open gym.**

I understand my access to use of Drop Box CrossFit facilities under the unstaffed open gym hours is solely limited to myself. Tailgating is NOT permitted under any circumstance. Allowing anyone to enter the facility utilizing your Open Gym credentials can result in cancellation of membership.

Initial here:

I agree to these terms.

**Sign your name below:**

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

I agree to use electronic records and signatures