CRFF WAIVER OF LIABILITY

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
In consideration of my use of the exercise equipexecutors, administrators, successors and assistant damages arising from personal injuries (in equipment or facilities, regardless of whether successors whether successors and assistant damages arising from personal injuries (in equipment or facilities, regardless of whether successors whether successors are successors and associates of this agreement, I accept and any type, which may occur to me or my guest, and associates, from any and all claims, demands, anticipated, or unanticipated, resulting from or and I expressly agree to indemnify and hold the comperson or entity, that may arise from injuries or damage to be solely responsible for safety and we assistance for the use of the facilities and equipment agree to comply with all rules imposed by the reasonable manner at all times, and to refrain from I understand and acknowledge that the use of examples and agree that the company is not refused.	gns, that the company and its acluding death) sustained by chinjuries result, in whole or assume full responsibility for a d I hereby fully and forever releadamages, rights of action, or ising out the use of said equipapany harmless against any amages sustained by me or not lead to be in a my guest and my ment. The company regarding the use or using any equipment in a recrise equipment involves rist responsible for property that is a titles and equipment is only to	is insurers, employees, officers, dame, or my guest in, on, or about in part, from the negligence of the any and all injuries, damages (bourses and discharge the company, or causes of action, present or fut forment and facilities. The and all claims, demands, damagenty guest. The self. I understand that the compant of the facilities and equipment. The analysis of the facilities and equipment.	irectors, and associates, shall not be liable for the premises, or as a result of the use of the company. th economic and non-economic), and losses of its insurers, employees, officers, directors, and ure, whether the same be known or unknown, les, rights of action, or causes of action, of any any does not provide supervision, instruction, or agree to conduct myself in a controlled and ded design and purpose. anent disability and death.
Initial here:			
In addition to the above, I also recognize and participating in designated classes or attending choose to attend classes or "open gym" time s contract the virus from another person, any of the not be responsible for any medical complications I am sick, feeling sick or living with someone at h staff on site have the right to refuse entry or disconstaff. I also agree to inform the staff should I contraccordingly.	the "open gym" time slots of slots and release the compar e equipment or the facility itse s, bills or necessary treatment nome who is sick, that I will no continue usage at any time if he	f contracting the virus. I understany of all liability, including taking all. I understand that I choose to put should I contract the virus, both incot attend the gym, its classes or "ce/she suspects that I may be sick	nd the increased risk of transmission should I any legal action against the company should I participate at my own risk, and the company will aside or outside of the facility. I also agree that it open gym" time slots. I also understand that the or pose a risk to other individuals including the
Initial here:			
I HAVE READ THE FOREGOING WAIVER AND F	RELEASE OF LIABILITY AND	VOLUNTARILY EXECUTED THIS	DOCUMENT WITH FULL KNOWLEDGE OF ITS
Initial here:			
☐ I agree to these terms.			
Do you understand the current COVID- ☐ Yes ☐ No	-19 pandemic exists, an	nd agree to still participate	in classes or Open Gym? *

facility? *	ots FitFusion snould you contract the Virus on or off premises of the
Do you agree that you are NOT feeling sick, are sick o ☐ Yes ☐ No	or living with someone who is sick? *
Do you understand it is the right of the staff to deny risk to others? * ☐ Yes ☐ No	entry or discontinue usage of the facility should he/she deem you high
Sign your name below:	
	Please read the Electronic Records and Signature Disclosure I agree to use electronic records and signatures