## **ATHLETE WAIVER**

Full Name	Email Address		Gender	
Street Address	City	Prov	ince/Region	Zipcode
Country	Date of Birth			
Country	Date of Birth			
GYM MEMBER WAIVER & LIABILITY RELEASE				
In consideration of being permitted to particip	. •	,	, ,	•
Neuse River CrossFit (hereinafter "Gym"), its claims, demands, actions and causes of action	•			,
of Member's property may sustain resulting fro	•	•		•
of whether such loss is caused, in whole or i				
liability or otherwise. Member further represent				
1. Member's participation in the training, p	programs, exercises and e	vents offered by Release	es (hereinafter collecti	vely the "Activities") as part of Member's
membership is voluntary and carries inhe	•			•
that such activities may be hazardous to			•	
damages or personal injury, including dea the negligence of the Releasees or otherv	·	ers property may sustain	as a result of participa	nion in the Activities, whether caused by
Member warrants and represents that		hysical fitness to safely	participate in the Activi	ities, and that Member has no medical
condition which would prevent Member's	•	•		
Member's physical health contained in the	e "Member Health Question	nnaire," attached hereto,	are true and accurate.	
3. In consideration of being permitted by 0	Эут to participate in the Ac	tivities, Member covenan	ts and agrees to inden	nnify and hold harmless the Releasees
from any loss, liability, damage, claim, or	•	s fees and court costs, th	ne Releasees may inc	ur arising out of or related to Member's
membership to the Gym and participation				
4. Members, Member's heirs, legal repres	<u> </u>	•		elease, walve, discharge, and covenant
not to sue Releasees for any injury, death,  5. Member covenants and represents tha				s that Mamhar has given un substantial
legal rights by signing it. Member acknow		•		• •
duress, without inducement, promise, or g	-	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
☐ I agree to these terms.				
Please select all of the following co	nditions which apply	to you currently or	have applied to	you in the past. If the condition
is not presently appli * No answers to show				
No answers to snow				
List any prescription or over the cou	unter medication whi	ch you are currentl	y taking: *	
Have you every participated in Cros	sFit hefore? *			
Yes No	SI IL DEIVIG!			
_ 103 <u>_</u> 110				

Do you have any past injuries, or are you currently experiencing problems with, any of the following: \* No answers to show...

Have you had any recent surgeries (within the past year)? If so, please	specify the procedure. *
Are there any additional issues or concerns you feel should be oprogram? *	lisclosed prior to your participation in an exercise
Sign your name below:	Please read the <u>Electronic Records and Signature</u> <u>Disclosure</u> I agree to use electronic records and signatures