ATHLETE WAIVER

Full Name	Email Address		Gender
Street Address	City	Province/Region	Zipcode
Country	Date of Birth		
		ery attempt is made to reduce the risk of acc	
relatively rare condition that must be reconditionally responsible to the result. The following conditions have been of statin drugs to control cholesterol, extre novice athletes, they have the mental abilitindude muscle weakness, nausea, personal relations to the result.	ognized quickly and treated early, ury associated with a variety of ca blood, where they eventually colled implicated in the etiology of exertion the heat or humidity, cocaine use ty to force themselves to push to lead istent and extreme muscle sorene	se can run the risk of a condition called R The name literally means striated (rhabdo auses. Muscle fibers break down, releasing out in and overload the kidneys. Renal failur onal rhabdomyolysis: hypokalemia, sickle-ouage. Former athletes in a detrained condition evels of intensity for which they may not be release, discolored (tea-colored) urine. If you are time kinease test. Rhabdomyolysis is an uncontrol of the condition of the colored of the colore	o) muscle (myo) disintegration (lysing their contents—potassium, creative, a potentially fatal condition, can ell trait, dehydration, hangover, the un seem to be at particular risk. Unlike ady. Signs and Symptoms of Rhabere displaying ANY of these symptor
Indemnification: I recognize that there is riby CrossFit Sunset Park or New York City any injury that I or the participant may caus participant due to his/her negligence. Shot acting on their behalf, be required to incuragreement, I agree to reimburse them for indemnify and hold harmless CrossFit Suemployees, and volunteers from liability for damage to property that may result from any while participating in activities offered by Control Initial here:	Tae Kwon Do. Therefore I accept p e either to him/herself or to any oth uld the above mentioned parties, o attorney's fees and costs to enforce such fees and costs. I further agree hoset Park or New York City Tae Kw or the injury or death of any person(strong) regligent or intentional act or on	ersonal and financial responsibility for oner or anyone se this e to on Do, their principals, agents, s) and onission	
. ,,	f me for advertising purposes. In t	w York City Tae Kwon Do its agents, officers, he event I choose not to allow the use of the	
Reservation of right to refuse service: I read for any reason. Initial here:	ecognize that the owners of Cross	Fit Sunset Park have the right to refuse or ter	minate client membership at any tii
•	y or death of any person and o	ease of liability, and I understand that by signamage to property caused by my negligon	
☐ I agree to these terms.			

Do you currently workout less than three times per week? * ☐ Yes ☐ No
Date of last full physical *
Have you ever had any form of heart disease? * ☐ Yes ☐ No
Have you ever experienced shortness of breath or chest pain? * ☐ Yes ☐ No
Do you have high blood pressure? * ☐ Yes ☐ No
Do you have diabetes? * ☐ Yes ☐ No
Are you currently taking any medication? * ☐ Yes ☐ No
Do you smoke? * ☐ Yes ☐ No
Do you have neck/shoulder problems? * ☐ Yes ☐ No
Do you have lower back problems? * ☐ Yes ☐ No
Do you have knee problems? * ☐ Yes ☐ No
Do you have hip problems? * ☐ Yes ☐ No
For any box checked yes, please explain below. Additionally, are there any other reasons you should not participate in exercise? * Yes No
Explain.

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