

## FFIT/CFW WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

**Express assumption of risks:** I, the undersigned agree to participate in one or more physical program(s)/class(es) sponsored by Foundation F.I.T./CrossFit Wando, which may include, but not necessarily be limited to, CrossFit Training, Strength and Conditioning Training, or any kind of physical training by any affiliate, subsidiary, or partnership of Foundation F.I.T./CrossFit Wando owners or employed trainers. I am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: falls 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. I am aware that any of these above mentioned risks may result in serious injury or death to myself or my partner(s)

I willingly accept full responsibility for any and all risks that I am exposing myself to as a result of my participation in Foundation F.I.T./CrossFit Wando 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

**herby 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 Foundation F.I.T./CrossFit Wando.** I agree to assume any and all risk associated with my participation in Foundation F.I.T./CrossFit Wando programs/classes.

**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 Foundation F.I.T./CrossFit Wando, and with my full understanding of all of the above, I hereby waive, release, remise and discharge Foundation F.I.T./CrossFit Wando and it's agents, officers, principals, and 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 Foundation F.I.T./CrossFit Wando 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 the 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 Foundation F.I.T./CrossFit Wando 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.

**Indemnification:** I recognize that there is risk involved in the types of activities offered by Foundation F.I.T./CrossFit Wando. 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 anyone 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 Foundation F.I.T./CrossFit Wando, their principals, 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 Foundation F.I.T./CrossFit Wando

**Use of pictures:** I agree to allow Foundation F.I.T./CrossFit Wando, its agents, officers, principals, employees and volunteers to take pictures, 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 Foundation F.I.T./CrossFit Wando of this in writing.

Initial here:

I also understand Foundation F.I.T./CrossFit Wando programs and training are nonrefundable.

Initial here:

**Cancellations:** Clients must provide a 24hr notice of cancellation in order to reschedule any fundamentals or personal training sessions. If 24 hour notice is not given client will forfeit the session and a charge will be applied. All **Training** packages are valid for one year from date of purchase. Training packages can be transferred from one client to another only if they are valid and not expired.

Initial here:

**Text Message Consent (Check Box)** Yes, I would like to receive text notifications from FFIT, I am aware that standard text messaging rates will apply.

Initial here:

I have fully read and fully understand the foregoing assumption of risk, and release of Liability and I understand that by signing it obligates me to indemnify the parties named of any liability or injury or death of any person and damage to property caused by my negligent or intentional act or omission. I understand that by signing this form I am waiving valuable legal rights. I am not under their influence of any drugs, alcohol, or other intoxicants. I am not suffering from any illness or incapacity. I am over 18 years of age. (If not over 18 years of age, parent or guardian must sign.)

Initial here:

☐ I agree to these terms.

Do you have any allergies?

☐ Yes ☐ No

if yes, please explain

Do you have any pre-existing medical conditions in which you have been told exercise could affect. i.e. diabetes, high blood pressure, epilepsy

☐ Yes ☐ No

if yes, please explain

Are you currently on any medications?

☐ Yes ☐ No

if yes, please explain

Do you have any past or present injuries?

☐ Yes ☐ No

if yes, please explain

How did you hear about us? \*

No answers to show...

Sign your name below:

Please read the [Electronic Records and Signature Disclosure](#)  
☐ I agree to use electronic records and signatures