BOOM ELITE TRAINING - SONIC BOOM CROSSFIT WAIVER

☐I agree to use electronic records and signatures

Full Name	Email Address			Gender
Chryst Address	City	Durania a //	Da milam	7:
Street Address	City	Province/F	tegion	Zipcode
2turn	Data of Binth			
Country	Date of Birth			
Sonic Boom Cr	ossFit/Boom Elite Trainir	ng Liability Waiver		
PLEASE NOTE: This waiver of Liability, Releand is, legally binding. If any aspect of this explain it before signing. By signing the Sexplain it before compensation or obtain any other marising out of or related to your use of Sonic the use is supervised or unsupervised. While Sonic Boom CrossFit/Boom Elite Train using Sonic Boom CrossFit/Boom Elite Train and upon behalf of the person for whom I a and/or participating in activities sponsored beto, any injury of damage resulting from: Negligence of employees, volunteer assistant Negligent misuse of the facility, climbing we anything else; rope abrasion, entanglement failure of the equipment, whether inside or of observers or persons who may be present in seek to assist with medical or other help eith Sonic Boom Crossfit/Boom Elite Training LIA. 1. In consideration of being allowed to partice	Waiver Agreement requires class onic Boom Crossfit/Boom Elite behalf you are signing, are was emedy for any personal injuries. Boom Crossfit/Boom Elite Transing offers these activities in a ning. In agreeing to this Waive am signing, that the use of Sory Sonic Boom Crossfit/ Boom and the property of the personal health problem or around the equipment or faster before or after any injury or ability Agreement AND RE	arification, have a Sonic e Training Waiver you aiving the right to bring a es, damages to propert aining, its facilities, ground a controlled environment of Agreement, I hereby a conic Boom Crossfit /Boom Elite Training have inhous Soom Crossfit/Boom Elite Training have inhous the premises; cuts on the premises; cuts of ms, whether mental or politity; and/or negligence damage may occur.	E Boom Crossfit/Bool are agreeing to all any type of action, way, any accident or it unds, exercise areas t, there is still an as acknowledge, understorm Elite Training, its erent risks. These richt, Shane Noteboom, lite Training; falling or abrasions resulting physical; negligence eror lack of adequate	om Elite Training employee fully terms set forth in this Waiver whether in court or otherwise, to incident of any type, or death, s, classes, equipment, whether essumed risk of injury to persons stand, and agree on my behalf, is facilities, equipment, classes isks include, but are not limited on impact surface, floors, or g from any cause whatsoever; e of other climbers, visitors, or e training of any person(s) who
equipment and machinery in addition to the discharge Sonic Boom/Boom Elite Training, any and all, responsibilities or liability from i machinery in the above mentioned activities. or liability for any injury or damage to mysel their behalf or in any way arising out of or coany equipment at Sonic Boom CrossFit/Boom	s payment of any fee or charg Shane Noteboom and their o njuries or damages resulting f I do hereby release all of those f, including those caused by the onnected with my participation	e, I, for myself, my hei fficers, agents, employo rom my participation in e mentioned and any ot ne negligent act or omis	irs and assigns, here, ees, representatives, any activities or my there acting upon the assion of any of those	reby waive, release, and forever s, executors and all others from y use of equipment, classes, or eir behalf from any responsibility e mentioned or others acting on
2. I understand and am aware that, fitness, a that fitness activities involve a risk of injury or with knowledge of the dangers involved. I here	r even death, and that I am vol	untarily participating in t	these activities and u	
3. I do hereby declare myself to be physical prevent my participation or use of equipment examination and been given my physician's and the use of the equipment, climbing wall participation and activities, and utilization of examination of examination and activities.	, climbing wall or machinery expermission to participate, or the and machinery without the ap	xcept as herein stated. nat I have decided to pa proval of my physician	I acknowledge that larticipate, in the activ	I have either had a physical vity of, fitness, and climbing
☐ I agree to these terms.				
Sign your name below:				
Please read the Electronic Records and	d Signature Disclosure			