

CFS ATHLETE WAIVER

Full Name

Email Address

Gender

Street Address

City

Province/Region

Zipcode

Country

Date of Birth

Waiver, Release, and Assumption of Risk Form

Express Assumption of Risk: I have volunteered to participate in a fitness program provided to me by CrossFit Salisbury which may include, but may not be limited to, resistance training and aerobic or cardiovascular exercise, bodyweight exercises, and exercises involving, among other things, the use of dumbbells, barbells, kettlebells, and medicine balls.

I, the undersigned, am aware that there are significant risks involved in all aspects of physical training. These risks include, but are not limited to: abnormal changes in blood pressure, fainting, and a remote risk of heart attack, stroke, other serious disability; 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; strains and sprains. I am aware that any of these above mentioned risks may result in serious injury or death to myself and or my partner(s). I am voluntarily participating in these activities and using equipment and machinery with full knowledge, understanding and appreciation of the dangers involved. I willingly assume full responsibility for the risks that I am exposing myself to and accept full responsibility for any injury or death that may result from participation in any activity or class while at, or under direction of any trainers for CrossFit Salisbury

THIS WAIVER AND RELEASE OF LIABILITY INCLUDES, WITHOUT LIMITATION, INJURIES WHICH MAY OCCUR AS A RESULT OF (1) EQUIPMENT BELONGING TO TRAINER OR TO MYSELF THAT MAY MALFUNCTION OR BREAK; (2) ANY SLIP, FALL, DROPPING OF EQUIPMENT; (3) AND/OR NEGLIGENT INSTRUCTION OR SUPERVISION.

I have been advised that an examination by a physician should be obtained by anyone prior to commencing a fitness and/or exercise program, or initiating a substantial change in the amount of regular physical activity performed. If I have chosen not to obtain a physician's consent, I acknowledge that I am fit and healthy enough to participate in the training. In any event, I acknowledge and agree to assume the risks associated with any and all fitness related activities and/or exercises.

Initial here:

I acknowledge that I have no physical impairments, injuries, or illnesses that will endanger me or others.

Initial here:

Release: In consideration of the above mentioned risks and hazards and in consideration of the fact that I am willingly and voluntarily participating in the activities offered by CrossFit Salisbury, I, the undersigned hereby release CrossFit Salisbury, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, 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 this agreement is held invalid, I agree that the remainder of the agreement shall remain in full legal force and effect.

Initial here:

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by CrossFit Salisbury. Therefore the participant accepts financial responsibility for any injury that 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 CrossFit Salisbury, 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 CrossFit Salisbury, at the main building or abroad. This includes but is not limited to parks, recreational areas, playgrounds, areas adjacent to main building, and/or any area selected for training by CrossFit Salisbury.

Initial here:

I have read and understood the foregoing assumption of risk, and release of liability and I understand that by signing it obligates me to indemnify the parties named for any liability for 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.

Initial here:

Participants involved in any activities offered by CrossFit Salisbury all may be photographed or videotaped during training. The undersigned hereby consents to the use of these photographs and/or videos without compensation, on a website or in any editorial, promotional or advertising material produced and/or published by CrossFit Salisbury.

Initial here:

This form is an important legal document that explains the risks you are assuming by beginning an exercise program. It is critical that you have read and understand this document completely. If you do not understand any part of this document, it is your ultimate responsibility to ask for clarification prior to signing it.

I agree to these terms.

Sign your name below:

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