

# STILLHOUSE ATHLETE WAIVER

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

PLEASE NOTE: This waiver of Liability, Release, Acknowledgement of Risk, and Indemnification Agreement ("Waiver Agreement") is intended to be, and is, legally binding. If any aspect of this Waiver Agreement requires clarification, have a Stillhouse Fitness employee fully explain it before signing. By signing the Stillhouse Fitness "Student Registration" you are agreeing to all terms set forth in this Waiver Agreement. You and/or the person on whose behalf you are signing, are waiving the right to bring any type of action, whether in court or otherwise, to recover compensation or obtain any other remedy for any personal injuries, damages to property, any accident or incident of any type, or death, arising out of or related to your use of Stillhouse Fitness, its facilities, grounds, climbing walls, exercise areas, classes, equipment, whether the use is supervised or unsupervised. While Brand Stillhouse Fitness offers these activities in a controlled environment, there is still an assumed risk of injury to persons using Stillhouse Fitness. In agreeing to this Waiver Agreement, I hereby acknowledge, understand, and agree on my behalf, and upon behalf of the person for whom I am signing, that the use of Stillhouse Fitness, its facilities, equipment, climbing walls, classes and/or participating in activities sponsored by Stillhouse Fitness have inherent risks. These risks include, but are not limited to, any injury of damage resulting from:

Negligence of employees, volunteer assistants, independent contractors of Stillhouse Fitness. Negligent misuse of the facility, climbing walls, or equipment of Stillhouse Fitness; falling off or impacting against the climbing walls, impact surface, floors, or anything else; rope abrasion, entanglement or other activities occurring on the premises; cuts or abrasions resulting from any cause whatsoever; failure of the climbing walls or equipment, whether inside or outside; personal health problems, whether mental or physical; negligence of other climbers, visitors, or observers or persons who may be present in or around the climbing area or facility; and/or negligence or lack of adequate training of any person(s) who seek to assist with medical or other help either before or after any injury or damage may occur.

## YOUR BOX AGREEMENT AND RELEASE OF LIABILITY

1. In consideration of being allowed to participate in the activities and programs of Stillhouse Fitness and to use its facilities, equipment and machinery in addition to the payment of any fee or charge, I, for myself, my heirs and assigns, hereby waive, release, and forever discharge Stillhouse Fitness, and their officers, agents, employees, representatives, executors and all others from any and all, responsibilities or liability from injuries or damages resulting from my participation in any activities or my use of equipment, classes, climbing walls or machinery in the above mentioned activities. I do hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of Stillhouse Fitness or the use of any equipment at Stillhouse Fitness.

Initial here:

2. I understand and am aware that, fitness, and climbing including the use of the equipment, are all potentially hazardous activities. I also understand that fitness activities involve a risk of injury or even death, and that I am voluntarily participating in these activities and using equipment and machinery with knowledge of the dangers involved. I hereby to expressly assume and accept any and all risks of injury or death.

Initial here:

3. I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease, infirmity, or other illness that would prevent my participation or use of equipment, climbing wall or machinery except as herein stated. I acknowledge that I have either had a physical examination and been given my physician's permission to participate, or that I have decided to participate, in the activity of, fitness, and climbing and the use of the equipment, climbing wall and machinery without the approval of my physician and do hereby assume all responsibility for my participation and activities, and utilization of equipment and machinery in my activities.

Initial here:

Parent and/or Guardian must sign below for minors: AGREEMENT AND RELEASE OF LIABILITY

In consideration of having Stillhouse Fitness allow my child, , who is under the age of 18 to participate in the activities and programs of Stillhouse Fitness, including

but not limited to Stillhouse Fitness, Climbing and use of the climbing wall and any other equipment, I hereby for my child's heirs, executors, administrators, and or assigns, waive and release any and all rights and claims of any nature my child may have against Stillhouse Fitness, its officers, employees, agents, chapters, assignees, licensees, and cooperating entities, their representatives, heirs, executors, administrators, successors, and assigns for and against any and all injuries or damages of any nature my child may suffer while taking part in any activities connected with Stillhouse Fitness. This release and consent shall be binding upon my child's heirs, executors, administrators, and/or assigns.

**Initial here:**

**Photo/Video Release**

I hereby give permission for images of myself or my child, captured during regular and special activities through video, camera and digital camera to be used solely for the purposes of Stillhouse CrossFit promotional material, publications and web site, and waive any rights of compensation or ownership thereto. Last names of minors will not be given or posted on the website.

**Initial here:**

I agree to these terms.

**List any pre-existing conditions or injuries \***

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**Are you allergic to anything \***

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**Are you taking any medications at the present time \***

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**Sign your name below:**

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