

# REDPOINT CROSSFIT WAIVER AND HEALTH GOALS SHEET

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

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\_\_\_\_ **INFORMED CONSENT/ASSUMPTION OF RISK:**

I agree to participate in the activities, like physical fitness programs, classes and events, which are sponsored and/or held by RedPoint Athletics, which may include, but are not limited to CrossFit Training, and/or training of any kind by any affiliate, subsidiary, or partnership of RedPoint Athletics. RedPoint Athletics made me fully aware that the activities and fitness programs/classes they offer and in which I desire to participate are of a nature and kind that are extremely strenuous and can/may push me to the limits of my physical abilities and expose me to the risk of personal injury. I understand and recognize that these activities are not without varying degrees of risk, which may include, but are not limited to: (a) Injury to the musculoskeletal and/or cardiorespiratory systems which can result in serious injury or death, (b) injury or death due to negligence on the part of myself, my training partner, or other people around me, (c) injury or death due to improper use or failure of equipment, (d) falls which can result in serious injury or death, (e) or injury or death due to a medical condition, whether known or unknown by me. I am aware that any of these above-mentioned risks may result in serious injury or death to myself and or my partner(s) and I willingly assume full responsibility for any and all risks, injuries, or death that I am exposing myself to and my result from my participation in any activity at or sponsored by RedPoint Athletics. I am also aware that the use of the exercise equipment and entails some risk of an injury to myself and to others and I agree that I will use such equipment and facilities with due care.

I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others. I am aware that it is solely my responsibility and not the responsibility of RedPoint Athletics to require me to consult with a physician prior to commencing any such programs, to remain under medical supervision if that is indicated, and to seek medical assistance in the event of an injury. I hereby certify that I know of no medical problems that would increase my risk of illness and injury as a result of participation in any activity at RedPoint Athletics. I have been informed and understand that there exists the possibility of adverse physical changes during any fitness or exercise program or related activities. I understand and have been informed that these changes could include abnormal blood pressure, fainting, a disorder of heart rhythm, stroke, and in very rare instances, heart attack or even death. I agree to assume any and all risks associated with my participation in RedPoint Athletics activities, including but not limited to fitness programs, classes, events, etc.

**Initial here:**

\_\_\_\_ **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 RedPoint Athletics, and with my full understanding of all of the above, I hereby waive, release, remise and discharge RedPoint Athletics and its agents, officers, principals, 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 any activity at or sponsored by RedPoint Athletics, including but not limited to fitness programs, classes, and events, 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:**

\_\_\_\_ **Minors/Dependents:**

If I am signing on behalf of a minor child, I also give full permission for any person connected with RedPoint Athletics 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.

**Initial here:**

\_\_\_\_ **COVID-19:**

Please understand that despite all the precautions that you, other members, and/or RedPoint Athletics may take, we cannot guarantee your health or safety, and you may still be exposed to COVID-19, its variants, or other viruses. This may include interactions with other individuals who have been exposed. By executing this release and gaining access to the facility, you, on behalf of yourself, your heirs, beneficiaries, representatives, successors, and assigns: (1) voluntarily assume all risks associated with any exposure to COVID-19, including, but not limited to suffering any type of medical condition, illness and,

potentially, death; and (2) knowingly and voluntarily waive, release, covenant not to sue, forever discharge, indemnify, and hold harmless RedPoint Athletics, its parents and subsidiaries and their respective officers, directors, employees, contractors, agents, representatives, successors and assigns ("Released Parties") from any and all liability, damages, losses, suits, demands, causes of action to the fullest extent permitted by the laws of this state, or any other claims of any nature whatsoever, arising out of or relating in any way to your use of the facility and your potential exposure to COVID-19, its variants or other viruses.

**Initial here:**

**\_\_\_\_\_ Use of Photos, Films, and/or Likeness:**

I understand that RedPoint Athletics may occasionally photograph, video record, or otherwise document activities in which I participate for use on websites and social media, (e.g. RedPoint website, Instagram, Facebook) as well as for internal and business use (e.g. newsletters, presentations, marketing or promotional materials). I hereby grant RedPoint Athletics and its licensees, agents, officers, principals, employees, and volunteers permission and assign an irrevocable right, title, and license to use, simulate, and impersonate my name, likeness, voice, appearance, performance, and/or biographical information in connection with the uses described above. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform RedPoint Athletics of this in writing.

**Initial here:**

**\_\_\_\_\_ Indemnification:**

I recognize that there is risk involved in the types of activities offered by RedPoint Athletics. 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 RedPoint Athletics, 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 RedPoint Athletics.

**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:**

I agree to these terms.

**Have you ever had any form of heart disease? \***

Yes  No

**Have you ever experienced shortness of breath or chest pains? \***

Yes  No

**High Blood Pressure? \***

Yes  No

**Cigarette Smoking? \***

Yes  No

**Diabetes? \***

Yes  No

**Family History of Heart Disease? \***

Yes  No

**Do you work out at least three times per week? \***

Yes  No

**Are you currently taking any medication? \***

Yes  No

**Knees issues? \***

Yes  No

**Lower back issues? \***

Yes  No

**Neck/Shoulder issues? \***

Yes  No

**Hip/Pelvis Issues? \***

Yes  No

**What was the date of your last physical? \***

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**Is there any reason you know of that you should not participate in exercise? \***

Yes  No

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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