

## KIDS/YOUTH

**Full Name**

**Email Address**

**Gender**

**Street Address**

**City**

**Province/Region**

**Zipcode**

**Country**

**Date of Birth**

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### Waiver and Release of Liability

Express assumption of risk: 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: 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; metabolic conditions such as Delayed Onset Muscle Soreness (DOMS) or Rhabdomyolysis. 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 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 CrossFit Ashlar.

I, the undersigned acknowledge that I have no physical impairments or illnesses that will endanger myself or others.

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 Ashlar, I, the undersigned hereby release CrossFit Ashlar, 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.

If I am signing on behalf of a minor child, I also give full permission for any person connected with CrossFit Ashlar 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: The participant recognizes that there is risk involved in the types of activities offered by CrossFit Ashlar. 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 attorneys 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 Ashlar, 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 Ashlar whether at home, at the training studio, outdoors, or at a corporate, commercial, residential or other fitness facility. 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 Ashlar.

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. This Release shall be binding upon my heirs, executors, administrators and assigns. I understand that by signing this form I am waiving valuable legal rights.

**Initial here:**

PERSONAL RESPONSIBILITY: I understand that I am not obligated to perform nor participate in any activity that I do not wish to do, and that it is my right to refuse such participation at any time during my training Sessions. I understand that should I feel lightheaded, faint, dizzy, nauseated, or experience pain or discomfort, I am to stop the activity and inform my Trainer.

ADHERENCE TO INSTRUCTION: I understand that my trainer is a certified professional and will guide my exercise program to maximize safety and efficacy. I understand that I must respect, abide by, and adhere to any and all instructions or cues given to me by my trainer.

RESULTS: I understand the results of any fitness program cannot be guaranteed and my progress depends on my effort and cooperation in and outside of the sessions.

CANCELLATION: I understand that CrossFit Ashlar operates on a scheduled class basis and thus, requires that I sign in ahead of time and provide advanced notice when cancelling a session. Clients who no-show for a class they are signed in for will be charged in full for that class. I understand that CrossFit Ashlar recommends that all cancelled sessions be rescheduled to ensure consistency and fitness progress.

TOUCH TRAINING: I understand that during a training session, my trainer may have to use appropriate physical contact to correct alignment and/or to focus my concentration on a particular muscle area to be targeted. If I feel uncomfortable or experience any type of discomfort with said physical contact, I will immediately

request that my trainer discontinue using this technique.

PHOTO/VIDEO RELEASE: I understand that CrossFit Ashlar may photograph and/or film their client events/sessions and I agree to allow them to use these pictures, films, and/or likenesses of me for promotional purposes. In the event I choose not to allow the use of the same for said purpose, I agree that I must inform CrossFit Ashlar of this in writing.

COVID-19: Please understand that despite all the precautions that you, other members, and/or CrossFit Ashlar may take, we cannot guarantee your health or safety, and you may still be exposed to COVID-19, including through interactions with other individuals who have COVID-19. 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 CrossFit Ashlar, 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.

I understand that if my child fails to behave in a manner that is polite and social, he or she could be suspended from that particular activity.

Initial here: 

☐ I agree to these terms.

**Children's PAR-Q Screening Form --> Has your child ever experiences any of the following:**

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**High or Low Blood Pressure? \***

☐ Yes ☐ No

**Elevated blood cholesterol? \***

☐ Yes ☐ No

**Diabetes? \***

☐ Yes ☐ No

**Chest pains brought on by physical exertion? \***

☐ Yes ☐ No

**Childhood epilepsy? \***

☐ Yes ☐ No

**Dizziness or fainting? \***

☐ Yes ☐ No

**A bone, joint or muscular problems with arthritis? \***

☐ Yes ☐ No

**Asthma or respiratory Problems? \***

☐ Yes ☐ No

**Any sustained injuries or illness? \***

☐ Yes ☐ No

**Any allergies? \***

☐ Yes ☐ No

**Is your child taking any medication? \***

☐ Yes ☐ No

**Is there any reason not mentioned above why any type or physical activity may not be suitable for your child? \***

☐ Yes ☐ No

**If answered 'YES' to any of the above questions please give full details here:**

**Any additional information we need to know to ensure the BEST experience with us? We welcome all info :)**

**Sign your name below:**

Please read the [Electronic Records and Signature Disclosure](#)

☐ I agree to use electronic records and signatures