EMERALD COAST CROSSFIT WAIVER & RELEASE

Full Name	Email Address		Gender	
Street Address	City	Provin	ce/Region	Zipcode
Street Address		110411	cc/ Region	Zipcouc
Country	Date of Birth			
	Waiver and R	elease of Lial	oility	
Express assumption of risk: I, the undersigned			•	regimen. These risks include but are no
limited to: falls which can result in serious injury o	·			
injury or death due to improper use or failure o				
physical training seeks to have me push bey				
feedback from me to my trainer regarding w I should look for signs of excessive sorenes		-	-	
While this type of injury is rare, it can occur	· ·	_		
factors that are beyond the control of my t	•		· ·	
my partner(s). I willingly assume full responsibility participation in any activity or class while training v	·	ng myself to and acce	ept full responsibility for	r any injury or death that may result fro
participation in any activity of class write training w	VILIT ETHERAIG COAST CLOSSFIL.			
Initial here:				
I, the undersigned acknowledge that I have	no physical condition illne	es or impairment t	hat I know of that i	will and anger myself or others
1, the undersigned acknowledge that I have	no physical condition, lille	ess, or impairment t	inat I know of that	will endanger mysell of others.
Initial here:				
Release: In consideration of the above mentione			3,	, , , , ,
available at Emerald Coast CrossFit, I, the unders employees, and volunteers from any and all liabilit	-			
my participation in this activity, including those alk			•	
This agreement shall be binding upon me, my suc	ccessors, representatives, heir	s, executors, assigns,	or transferees. If any	portion of this agreement is held invalid,
agree that the remainder of the agreement sha			•	
person connected with Emerald Coast CrossFit to	administer first aid deemed	necessary, and in cas	e of serious illness or i	njury, I give permission to call for medica
and or surgical care for the child and to transport	the child to a medical facility of	deemed necessary for	the well-being of the	child.
Initial here:				
Indemnification: The participant recognizes tha	t there is risk involved in the t	ypes of activities offe	red by Emerald Coast C	CrossFit. Therefore the participant accept
financial responsibility for any injury that the part	ricinant may cause either to h	nim/herself or to any	other participant due	to his/her negligence. Should the above

Indemnification: The participant recognizes that there is risk involved in the types of activities offered by Emerald Coast CrossFit. 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, Inc. and Emerald Coast CrossFit, 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 Emerald Coast CrossFit.

Initial here:

Photo/Video Release: I hereby grant Emerald Coast CrossFit permission to use my photograph/video image in any and all publications for CrossFit, Inc. or Emerald Coast CrossFit, including on their websites or publications, without payment or any other consideration in perpetuity

I hereby authorize Emerald Coast CrossFit to edit. alter. copy. exhibit. publish or distribute all photos and images. I waive the right to inspect or approve the finished

product, including written or electronic copy, wherein my photo appears. Additionally, I use of the photograph or video images.	waive any right to royalties or other compensation arising or related to the
Initial here:	
I hereby hold harmless and release and forever discharge Emerald Coast CrossFit from all executors, administrators, or any other persons acting on my behalf of on behalf of my executors.	
Initial here:	
I am competent to contract in my own name. I have read this release, and I fully underst	and the contents, meaning, and impact of this release.
I have <u>read</u> and <u>understood</u> the foregoing assumption of risk, and release of liability and if or any liability for injury or death of any person and damage to property caused by my form I am <u>waiving</u> valuable legal rights.	
☐ I agree to these terms.	
Do you smoke? * Yes No	
Do you have any of the following? * No answers to show	
Do you have any other health conditions we should be aware of? (plea	se answer no, or if yes, explain) *
	_ _
	_ _
	_
Sign your name below:	
	Please read the <u>Electronic Records and Signature Disclosure</u>
	☐ agree to use electronic records and signatures